



LONPAC INSURANCE BHD

(307414-T)

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Internet Form
(Borang Internet)

FOREIGN WORKER COMPENSATION SCHEME (FWCS) SKIM PAMPASAN PEKERJA ASING (SPPA)

CLAIM FORM / BORANG TUNTUTAN

NOTES:

1. Full particulars of every accident are to be furnished by the Employer.
2. All employment accidents must be reported to the Labour Dept immediately.
3. This form is sent without prejudice to the terms of the policy.
4. If any details or information are not readily available, please forward this form without delay, and advise the missing details as soon as possible.
5. All written communications should be forwarded directly to the Company.

NOTA:

1. *Butir penuh setiap kemalangan mesti diberikan oleh majikan.*
2. *Semua kemalangan pekerjaan hendaklah dilaporkan kepada Jabatan Buruh dengan serta merta.*
3. *Borang ini dihantar tanpa prasangka terhadap syarat-syarat polisi.*
4. *Jika apa-apa maklumat atau keterangan tidak dapat diperolehi sekarang, sila kembalikan borang ini dahulu dan memberitahu tentang maklumat apabila diterima kelak dengan secepat mungkin.*
5. *Semua perhubungan bertulis mesti dihantar terus kepada Syarikat.*

Policy No: _____
No. Polisi

THE EMPLOYER / MAJIKAN

1. Name of Policyholder
Nama Pemegang Polisi : _____

2. Correspondence Address
Alamat Surat Menyurat : _____

3. Poscode
Poskod : _____
4. Telephone No.
No. Telefon : O _____ - _____ H _____ - _____
5. Fax No
No. Faks : _____ - _____
6. Trade / Business
Perniagaan : _____

THE INJURED WORKER / PEKERJA YANG TERCEDERA

1. Name <i>Nama</i>			
2. Nationality <i>Warganegara</i>	<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Filipino
	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Others / <i>Lain-lain</i>	
3. Passport No <i>No. Paspot</i>			
4. FWCS ID Card Serial No. <i>No. Siri Kad Pengenalan SPPA</i>			
5. Marital Status <i>Taraf Perkahwinan</i>	<input type="checkbox"/> Married <i>Berkahwin</i>	<input type="checkbox"/> Single <i>Bujang</i>	<input type="checkbox"/> Divorced <i>Bercerai</i>
6. On what work was the injured worker engaged at the time of accident? <i>Apakah Pekerjaan yang dilakukan oleh pekerja semasa kejadian/kemalangan?</i>			
7. If taken to hospital, please state name of Hospital <i>Jika dibawa ke hospital, nyatakan nama Hospital</i>			
8. (a) Whether still in hospital? <i>Adakah masih di hospital?</i>	<input type="checkbox"/> Yes / <i>Ya</i>	<input type="checkbox"/> No / <i>Tidak</i>	
(b) Whether in or -out-patient or if discharged, date discharged <i>Samaada di beri rawatan dalam atau luar atau jika di lepaskan, nyatakan tarikh pelepasan?</i>			
9. If not taken to hospital, please state whether being medically attended, and if so by whom? <i>Jika tidak dibawa ke hospital, nyatakan samaada diberi rawatan dan jika ya, oleh siapa?</i>			
10. Is the injured worker able to do partial work? <i>Adakah pekerja yang tercedera mampu melakukan kerja separa?</i>	<input type="checkbox"/> Yes / <i>Ya</i>	<input type="checkbox"/> No / <i>Tidak</i>	
11. What is the possible period of disablement (approx)? <i>Anggaran tempoh ketidakupayaan?</i>	_____	Months <i>Bulan</i>	Days <i>Hari</i>

THE ACCIDENT / KEMALANGAN

1. As regards the accident please state: <i>Berkenaan dengan kemalangan, nyatakan:</i>	Date / Tarikh : Place / Tempat : Time / Masa :
2. On what date did the injured worker actually cease work? <i>Nyatakan tarikh pekerja berhenti bekerja?</i>	
3. How exactly did the accident occur? <i>Bagaimanakah kemalangan berlaku?</i>	
4. What was the general nature of the contract or work going on? <i>Apakah jenis kontrak atau pekerjaan yang dilakukan semasa kemalangan?</i>	
5. Description of the nature of injury. <i>Berikan keterangan kecederaan yang dialami.</i>	
6. Was the injured worker under the influence of drink or drugs at the time of accident? <i>Adakah pekerja yang tercedera di bawah pengaruh alkohol atau dadah semasa berlaku kemalangan?</i>	<input type="checkbox"/> Yes / Ya <input type="checkbox"/> No / Tidak
7. Has the accident been reported to the Labour Dept.? If so, state the name of the officer to whom the report was made and their reference number. <i>Sudahkah kemalangan dilaporkan kepada Jabatan Buruh? Jika ya, nyatakan nama pegawai yang mengambil laporan dan nombor rujukan.</i>	
8. State the names of persons who witnessed the accident. <i>Nyatakan nama-nama orang yang menyaksikan kemalangan tersebut.</i>	

I/We hereby declare the foregoing answers to be true in every respect to the best of my/our knowledge and belief that no information or particulars have been suppressed.

Saya/Kami mengakui sepanjang pengetahuan saya/kami bahawa jawapan-jawapan yang diberikan diatas adalah benar and tiada maklumat atau keterangan yang disembunyikan.

DATE
TARIKH

SIGNATURE OF EMPLOYER &
COMPANY STAMP
TANDATANGAN MAJIKAN DAN
COP SYARIKAT