

Foreign Worker Hospitalization And Surgical Scheme Proposal Form (SKHPPA)

Zurich General Insurance Malaysia Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.

Non-Consumer Insurance Contracy

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for the purpose of providing medical insurance benefits to your employees, you have a duty disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form (or when applied for this insurance) is inaccurate or has changed.

You should ensure that this Proposal Form is completed correctly as it forms the basis of the insurance contract. The basis of contract clause shall not apply if You are an individual applying for this insurance.

This Proposal Form shall part of the Policy contract. Policy owners are advised to read the policy carefully and understand its contents. You are encouraged to seek clarification from the Company if necessary.

IMPORTANT NOTICE

All premium and fees shown in this document may be subject to tax or other government levies.

EMPLOYER'S PARTICULARS

Business Registration No. /NRIC _____

Name of Proposer / Employer _____

Address of Employer _____

Postcode _____ State _____

Telephone No (Office) _____ (Mobile) _____

Business/Occupation

Manufacturing Plantation Servicing

Construction Agriculture Maids

PERIOD OF INSURANCE COVERAGE

- i) Period of Coverage _____ Months
- ii) Insurer Status
 - New Business Under SKHPPA scheme (First-Timer) Renewal with existing insurer
 - New Business but Take-Over from other Insurer
- Date of Coverage: From _____ To _____
- No. of worker(s) to be insured _____
- (if more than one (1) worker, please complete the Workers Particulars Form)

PLACE OF EMPLOYMENT

- To be filled up only if Place of Employment Address is not the same as the Address of Employer above :
- a) Business Registration No./NRIC/ Passport / Construction Site No. / Project Reference No _____
 - b) Place of Employment Address _____

FOREIGN WORKER'S PARTICULARS (If application is for only one (1) worker, please complete the following particular) :-

- Name of Worker _____
- Nationality _____ Passport No _____
- Date of Birth (DD/MM/YY) _____ Gender Male Female
- Marital Status Single Married Divorced Widower
- Work Permit No. _____ Work permit Expiry Date _____
- Nature of Work _____
- Who will be paying the premium for this insurance policy?
 - Employer Foreign Worker Themselves

Additional

- We may ask you additional questions if required.
- The questions on this proposal form and any other details we specifically request relate to facts which we consider material to underwriting this insurance. However, because no list of questions can be exhaustive, please consider whether there is any other material information which is known to you which could influence our assessment and acceptance of the risk.

DECLARATION

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

I/We hereby give my/our unconditional and unequivocal consent to you and all your related companies to process my/our personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related companies provided that the revelation of my/ our personal data strictly for the purposes in relation to the insurance which I/we have applied hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010

_____ Date

_____ Signature of Proposer/Company Rubber Stamp

DETAILS OF PAYMENT	
Annual Premium	RM120.00 (per worker)
Total Premium	RM
Tax (where applicable)	RM
Stamp Duty	RM 10.00
TOTAL	RM
All Cheque must be made payable to "Zurich General Insurance Malaysia Berhad"	

FOR OFFICE USE ONLY
Enclose herewith payment Cash / Cheque No _____
Amounting to RM _____
Date/Time Received _____
Signature _____

DESCRIPTION OF BENEFITS /COVERAGE
HOSPITAL & SURGICAL BENEFITS

- 1) a) Daily Hospital Room & Board (Maximum up to thirty (30) days)
b) Intensive Care Unit [ICU] (Maximum up to fifteen (15) days)
 - 2) Hospital Supplies and Services
 - 3) Operating Theatre
 - 4) Surgical Fees (Exclude organ transplantation)
 - 5) Anesthetist's Fees
 - 6) In-Hospital Physician Visits (Maximum up to thirty (30) days)
 - 7) In-Hospital Specialist Consultation Visits (Maximum up to thirty (30) days)
 - 8) Ambulance Fees/Medical Report Fees
- MAXIMUM OVERALL ANNUAL LIMIT (Items 1 to 8)

As charged in accordance to charges consistent with Third (3rd) Class Room and Board to a maximum of RM160.00 per day in a Non-Corporatised Malaysian Government Hospital in conformance to the charges specified under Fees Act 1951, Fees (Medical) (Cost of Services) Order 2014 and/or its subsequent amendments.

RM 20,000.00

ANNUAL PREMIUM (excluding tax [where applicable] and RM10.00 Stamp Duty)

RM 120.00 (Per Worker)

Important Note : All benefits payable for any number of disabilities in any one given period of insurance is subject to Overall Annual Limit of RM20,000.00 per Insured Person.

Verification of Proposer's Identification

To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies relating to the Anti-Money Laundering & Anti-Terrorism Financing Act 2001.

**ANTI-MONEY LAUNDERING, ANTI-TERRORISM FINANCING AND PROCEEDS OF UNLAWFUL ACTIVITIES ACT 2001
(AMLATFPUAA2001)
(VERIFICATION OF IDENTIFICATION OF PROPOSER)**

Name of Proposer _____

Business Registration No. /NRIC No. _____

In compliance with Section 16(3) of the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 (AMLATFPUAA 2001), I hereby certify that the Applicant's original NRIC No/Business Registration Certificate was verified and authenticated by me at the point of sales.

Third Party Verification

Signature of Insurance Agents, Insurance Brokers or Staff of
Insurance Companies

Name

Date

New NRIC No.

Note: A copy of the Proposer's New NRIC/Business Registration Certification must be submitted together with this proposal if the Premium exceeds RM50,000

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