



**Liberty
Insurance.**

LIBERTY GENERAL INSURANCE BERHAD 197801007153 (44191-P)

Formerly known as AmGeneral Insurance Berhad
Liberty Insurance Tower, CT 9, Pavilion Damansara Heights, 3, Jalan Damanlela, 50490 Kuala Lumpur
Tel. No.: 03-2268 3333 or 1-300-888-990
Website : www.libertyinsurance.com.my

**BORANG CADANGAN SKIM KEMASUKAN HOSPITAL & PEMBEDAHAN PEKERJA ASING (SKHPPA)
FOREIGN WORKER HOSPITALISATION AND SURGICAL SCHEME PROPOSAL FORM (SKHPPA)**

Non-Consumer Insurance Contract

Pursuant to Paragraph 4(1) Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to 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 is entered 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 is inaccurate or has changed.

Kontrak Insurans Komersial

Menurut Perenggan 4(1) Jadual 9 Akta Perkhidmatan Kewangan 2013, jika anda memohon insurans ini untuk tujuan yang berkaitan dengan perdagangan, perniagaan atau profesion anda, anda berkewajipan untuk mendedahkan apa-apa perkara yang anda tahu akan mempengaruhi keputusan kami dalam menerima risikodan menentukan kadar dan terma yang dikenakan, dan apa-apa perkara yang munasabah yang boleh dijangka, jika tidak ia boleh menyebabkan pembatalan kontrak insurans, keengganan atau pengurangan ganti rugi, perubahan terma atau penamatan kontrak insurans anda.

Kewajipan pendedahan diatas hendaklah diteruskan sehingga kontrak insurans anda dimeterai, diubah atau diperbaharui dengan kami.

Anda juga mempunyai kewajipan untuk memberitahu kami dengan serta-merta jika pada bila-bila masa selepas kontrak insurans anda ditandatangani, diubah atau diperbaharui dengan kami, apa-apa maklumat yang dinyatakan dalam Borang Cadangan ini tidak tepat atau telah berubah.

No. Akaun / Account No. _____

No.Rujukan / Reference No. _____

BUTIR-BUTIR MAJIKAN / EMPLOYER'S PARTICULARS

- No. Pendaftaran Syarikat / KP / Business Registration No. / NRIC _____
- Nama Pencadang / Majikan / Name of Proposer / Employer _____
- Warganegara Majikan / Pencadang / Employer's / Proposer's Nationality _____
- No. Pasport / Passport No. : _____ Tarikh luput Pasport / Passport Expiry Date : _____
- Alamat Majikan / Address of Employer _____
Poskod / Postcode _____ Negeri / State _____
- No.Telefon / Telephone No (Pejabat/Office) _____ (Bimbit / Mobile) _____
- Alamat E-Mel / E-mail Address _____
- Perniagaan/Pekerjaan / Business/Occupation _____
- Pendaftaran Cukai Perkhidmatan / Service Tax Registration: Yes No.
- Jika "Ya.", sila nyatakan no. Cukai Perkhidmatan dan Tarikh Pendaftaran / If "Yes", please provide Service Tax No. & Registration date : _____

TEMPOH PERLINDUNGAN INSURANS / PERIOD OF INSURANCE COVERAGE

- Tempoh Perlindungan / Period of Coverage _____ Bulan / Months
- Tarikh Perlindungan / Date of Coverage : Dari/From _____ Hingga/To _____
- Bilangan pekerja yang akan diinsurankan / No. of worker(s) to be insured _____
- Sektor (sila tanda)/Sector (please tick)

- | | | |
|---|--|--|
| <input type="checkbox"/> Pembinaan
(Construction) | <input type="checkbox"/> Perkilangan (Manufacturing) | <input type="checkbox"/> Perkhidmatan (Services) |
| <input type="checkbox"/> Perladangan
(Plantation) | <input type="checkbox"/> Perlombongan/Quari (Mining/Quarrting) | |
| <input type="checkbox"/> Borongan/Runcit Perdagangan (Wholesale/Retail Trade) | | |

Pengangkutan/Gudang/Perhubungan (Transportation/Storage/Communication)

Lain-lain, Sila Memperinci (Others, Please Specify) _____

- Siapakah yang akan membayar premium untuk polisi insuran ini? /

Who will be paying the premium for this insurance policy?

- Majikan / Employer
 Pekerja asing sendiri / Foreign worker themselves

TEMPAT PEKERJAAN / PLACE OF EMPLOYMENT

- Hanya perlu diisi sekiranya Alamat Tempat Pekerjaan berlainan dengan Alamat Majikan di atas :-
To be filled up only if Place of Employment Address is not the same as the Address of Employer above:-

- No. Pendaftaran Syarikat / KP / Pasport / Rujukan Tapak Pembinaan / Rujukan Projek
Business Registration No. / NRIC/ Passport / Construction Site No. / Project Reference No. _____
- Alamat Tempat Pekerjaan / Place of Employment Address _____

PENGISYTIHARAN OLEH PENCADANG / DECLARATION BY PROPOSER

Bahawasanya dengan ini saya/kami mengakui dan mengesahkan sepanjang pengetahuan saya/kami pernyataan-pernyataan yang terkandung dalam borang cadangan ini benar dan betul dan saya/kami tidak menyembunyi, menyalah tafsir, memalsukan atau memberi pernyataan- pernyataan yang tidak benar mengenai apa-apa keterangan penting.

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or misstated any material fact.

Tarikh / Date _____

Tandatangan Pencadang/Cop Syarikat (Signature of Proposer / Company Rubber Stamp) _____

BUTIR - BUTIR BAYARAN / DETAILS OF

Premium Tahunan / Annual Premium	RM 120.00 (setiap pekerja / per worker)
Jumlah Premium / Total Premium	RM _____
Services Tax	RM _____
Duti Setem / Stamp Duty	RM 10.00
JUMLAH/ TOTAL	RM _____

Semua Cek hendaklah dibayar atas nama " LIBERTY GENERAL INSURANCE BERHAD".

All Cheques must be made payable to " LIBERTY GENERAL INSURANCE BERHAD".

**UNTUK KEGUNAAN PEJABAT SAHAJA /
FOR OFFICE USE ONLY**

Bersama ini disertakan bayaran Tunai / Cek No
Enclose herewith payment Cash / Cheque No. _____

Berjumlah / Amounting to RM _____

Tarikh / Masa Diterima (Date / Time Received) _____

Tandatangan / Signature _____

**KETERANGAN FAEDAH / PERLINDUNGAN / DESCRIPTION OF BENEFITS / COVERAGE
MANFAAT KEMASUKAN KE HOSPITAL & PEMBEDAHAN / HOSPITAL & SURGICAL BENEFIT**

<p>1) (a) Bilik & Makan Harian (Maksimum tiga puluh (30) hari) Daily Hospital Room & Board (Maximum up to thirty (30) days)</p> <p>(b) Unit Rawatan Intensif (Maksimum lima belas (15) hari) Intensive Care Unit (ICU) (Maximum up to fifteen (15) days)</p> <p>2) Bekalan dan Khidmat Hospital / Hospital Supplies and Services</p> <p>3) Bilik Pembedahan / Operating Theatre</p> <p>4) Yuran Pembedahan (Tidak termasuk pemindahan organ) / Surgical Fees (Exclude organ transplantation)</p> <p>5) Yuran Pakar Bius / Anesthetist's Fees</p> <p>6) Lawatan Pakar Perubatan Dalam Hospital (Maksimum tiga puluh (30) hari) In-Hospital Physician Visits (Maximum up to thirty (30) days)</p> <p>7) Lawatan Pakar Perundingan Dalam Hospital (Maksimum tiga puluh (30) hari) In-Hospital Specialist Consultation Visits (Maximum up to thirty (30) days)</p> <p>8) Yuran Ambulan / Laporan Perubatan / Ambulance Fees / Medical Report Fees</p> <p>HAD MAKSIMUM TAHUNAN KESELURUHAN (Butir 1 hingga 8) MAXIMUM OVERALL ANNUAL LIMIT (Item 1 to 8)</p>	}	<p>Bayaran yang dikenakan – mengikut bayaran yang selaras dengan Bilik & Makan Kelas Ketiga (ke-3) sehingga maksimum RM160 sehari di Hospital Kerajaan Malaysia Bukan Korporat mengikut Akta Fi 1951, Perintah Fi (Perubatan) (Kos Perkhidmatan) 2014 dan/atau pindaan berikutnya</p> <p>As charged – in accordance to charges consistent with Third (3rd) Class Room & Board to a maximum of RM160 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.</p>
<p>PREMIUM TAHUNAN (Sebelum Cukai Perkhidmatan dan RM10.00 Duti Setem) ANNUAL PREMIUM (Before Service Tax and RM10.00 Stamp Duty)</p>		

Nota Penting : Semua faedah-faedah yang dibayar bagi setiap ketidakupayaan bagi setiap tempoh insurans yang diberi tertakluk kepada Had Tahunan Keseluruhan sebanyak RM20,000.00 bagi setiap pekerja yang diinsuranskan.

Importance Note : All Benefits payable for any number of disabilities in any one given period of insurance is subject Overall Annual Limits of RM20,000.00 per insured worker