



UNI CITY NETWORK SDN BHD (508632-M)

HQ Address: 26-A, Jalan Pudu Ulu, Batu 3 Cheras, 56100 Kuala Lumpur.

Tel: 03-92003083 (Hunting Line), Fax: 03-92001768, 03-92008982

KLANG Address: No 12, 2nd Floor, New Business Center, Jalan Pulau Pinang 3, Jalan Meru, 41050 Klang, Selangor

Tel: 03-33422660 Fax: 03-33428221

Website: www.ucn.com.my

Email:ucnunicity@yahoo.com

CLAIM GUIDELINE AND DOCUMENTATION - WORKMEN'S COMPENSATION INSURANCE

INSURED TO DO

In the event of any occurrence which may give rise to a claim under this policy, the insured shall:

- 1) Give notice thereof to the insurance company with full particulars immediately
- 2) Notify police if it is a vehicular accident or fatal accident
- 3) Report the accident to labour office, where necessary.
- 4) Co-operate with the adjusters when called upon.

DOCUMENT REQUIRED / CHECKLIST

- | | |
|--|-----|
| 1) Completed claim form | () |
| 2) Medical report in form labour 90 (original), where available. | () |
| 3) Details of medical expenses incurred (original) | () |
| 4) Police report if it is a vehicular accident or fatal accident | () |
| 5) Labour Assessment, if available | () |
| 6) Memorandum of agreement if it is a fatal accident | () |
| 7) Wages records / vouchers for the last six months prior to the accident | () |
| 8) Notice of labour enquiry | () |
| 9) Burial permit | () |
| 10) Death certificate | () |
| 11) Post mortem report | () |
| 12) Furnish all information and documentary evidence as the insurer or adjusters may require other than the above. | () |

IF U NEED MORE INFORMATION PLEASE CALL US AT 03-33422660

NOTE: ALL THE ABOVE ALL FOR REFERENCE ONLY. IT MAY CHANGE FROM TIME TO TIME AND THE INSURANCE COMPANY MAY NEED MORE DUCUMENTS THAN THE ABOVE STATED.