

# 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, Jalan Pulau Pinang 3, Pusat Perniagaan NBC,

Off Jalan Meru, 41050 Klang, Selangor.

Tel: 03-33422660, Fax: 03-33428221

Website: [www.ucn.com.my](http://www.ucn.com.my)

Email: [ucnucity@yahoo.com](mailto:ucnucity@yahoo.com)

## GROUP PERSONAL ACCIDENT REQUEST FORM

### PARTICULARS OF REQUEST

NAME OF COMPANY / EMPLOYER : \_\_\_\_\_

BUSINESS REGISTRATION NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CONTACT TEL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

	NAME LIST	I/C NUMBER	SEX	POSITION	DESCRIPTION OF WORK	SUM INSURED
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____

PROCEDURES OF REQUEST:

1) FAX OR EMAIL THE REQUEST TO 03-33428221 / [ucnucity@yahoo.com](mailto:ucnucity@yahoo.com)

2) THEN OUR PERSON IN CHARGE WILL CONFIRM YOUR REQUEST

AND THE PROCESSING TIME THAT NEEDED

3) WE WILL GIVE YOU AN QUOTATION

4) UPON THE PAYMENT MAKE, WE WILL DELIVER THE COVERNOTE

NOTE:

STRICTLY CASH BEFORE COVER ONLY

MODE OF PAYMENT:

CASH, CHEQUE, CREDIT CARD OR ONLINE PAYMENT TO PUBLIC BANK 3136763735