

Date :

UNI CITY NETWORK ENTERPRISE (001405564-M)

No 1213, 12th Floor, Block A4,

Leisure Commerce Square, 46150 Petaling Jaya, Selangor

Tel: 03-78742660 Fax: 03-78741768

Email: unicitykl@gmail.com Website: www.ucn.my

Claim Care Line: 012-5382660 Email: ucnclaim@gmail.com

Attention : _____

Dear Sir / Mdm,

RE : DOMESTIC HELP INSURANCE SCHEME (DHIS)

NOTIFICATION OF CLAIM :

PERSONAL ACCIDENT - PERMANENT DISABLEMENT ()

MEDICAL EXPENSES ()

HOSPITALISATION & SURGICAL EXPENSES ()

WEEKLY BENEFITS ()

Employer's Name :

Maid's Name :

Period Of Insurance :

Policy No. :

We enclosed herewith the relevant documents for the above claim :-

- | | |
|---|-----|
| 1) DHIS Claim Form – Section 1-5 | () |
| 2) Police Report (Original / Certified True Copy) If Available | () |
| 3) Original of Medical Report from Doctor | () |
| 4) Original Medical Receipts | () |
| 5) Original Medical Certificate / Medical Leave from Doctor (If Available) | () |
| 6) Copy of Maid's Passport & Date of Entry | () |
| 7) Copy of Work Permit | () |
| 8) Copy of RM 445.00 Levy Receipt | () |
| 9) Copy of Employer's Identity Card | () |
| 10) Original/Copy of Policy Schedule | () |
| 11) E-PAYMENT FORM | () |

Kindly acknowledge receipt for the above documents.

Thank you.

CLAIM SUBMITTED BY :

ACKNOWLEDGED BY UCN :

Company Chop & Signature

Name :

Company Chop & Signature

Date :