

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 – DEATH CLAIM

REPATRIATION EXPENSES

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) | () |
| 3) Permit Pengkebumian (Copy) | () |
| 4) Sijil Kematian (Copy) | () |
| 5) Embassy Certification Letter / Ministry of Health Certification Letter & Schedule (Original) | () |
| 6) Repatriation Expenses Original Invoice from Undertaker | () |
| 7) Airway Bill (Original) | () |
| 8) Copy of Maid's Passport & Date of Entry | () |
| 9) Copy of Work Permit | () |
| 10) Copy of RM 445.00 Levy Receipt | () |
| 11) Copy of Employer's Identity Card | () |
| 12) Original/Copy of Policy Schedule | () |
| 13) *Next Of Kin Particulars (Documentary proof required for Death Claim) | () |
| 14) 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 :