

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.myClaim Care Line: 012-5382660 Email: ucnclaim@gmail.com**RE : FOREIGN WORKER COMPENSATION SCHEME (FWCS)****NOTIFICATION OF CLAIM UNDER****ACCIDENTAL DEATH****REPATRIATION EXPENSES****The Insured** :**Worker's Name** :**Passport Number** :**Policy Number** :**Date Of Accident** :**Period Of Coverage** :

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

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|--|-----|
| 1) Copy of P. P. 2 Form | () |
| 2) Original/Copy of Police Report | () |
| 3) Original Air Way Bill | () |
| 4) Copy Permit Burial (PERMIT PENGKEBUMIAN) | () |
| 5) Copy Death Certificate(SIJIL KEMATIAN) | () |
| 6) Embassy Certification Letter / Ministry Of Health Certification Letter & Schedule (Original / Copy) | () |
| 7) Original Repatriation Expenses Bill from Casket | () |
| 8) Original Repatriation Receipt | () |
| 9) Copy Of Worker's Passport & Date Of Entry | () |
| 10) Copy Of Work Permit | () |
| 11) Copy Of Policy Schedule | () |
| 12) Copy of P. P. 7 Form (Labour Assessment) | () |
| 13) Copy of 6 Months Salary Slip Prior of Date of Accident | () |
| 14) E-PAYMENT FORM | () |
| 15) Letter of authorization for casket (If Available/Related) (Refer to Attachment B7) | () |

Kindly acknowledge receipt for the above documents.

Thank you.

CLAIM SUBMITTED BY:**ACKNOWLEDGED BY UCN:**

Company Chop & Signature
Name :

Company Chop & Signature
Date :