



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: 012-538 2660 Email: ucncclaim@gmail.com

STEPS AND PROCEDURES OF CLAIM FOR FOREIGN WORKER COMPENSATION SCHEME (FWCS)

A) DISABLEMENT CLAIM	B) DEATH CLAIM
<p>1 Please make sure that this worker is covered with Foreign Workers' Compensation Scheme (FWCS) (For Example : Policy)</p> <p>2 Contact and notify our claim department or sales personel. (Immediate or one day after the accident date) ucncclaim@gmail.com / 6012-538 2660 / 03-7874 2660</p> <p>3 Notify the labour office (Nearest to the accident place, refer to the labour office address - Refer Attachment A2) by letter within 10 Days (Refer attachment A1) (Section B (1)) from the date of accident. Please refer to the documents that require as below :-</p> <p>i) Letter of notification (Refer Sample Attachment B1) (2 Sets - 1 set Original , 1 Set Photocopy) ii) Please fill up the PP2 Form* (Refer Sample Attachment B3) (3 Sets) iii) Copy of Passport and Permit</p> <p>4 Please submit the Lab 90 Form* (Refer Sample Attachment B4) to the hospital / clinic to fill up.</p> <p>5 Send the Completed Lab 90 Form* and attach together with the original medical certificate (MC) to labour office</p> <p>6 Pending for the reply PP5 / PP6 Form (Labour Assessment) from Labour Office.</p> <p>7 Compile all require documents attached with our check list* (Refer to Attachment B5) to ucn for the insurance claim as below:-</p> <ul style="list-style-type: none"> - Copy of PP2 Form* - Copy of Lab 90 Form* - Original Medical Receipts - Copy Medical Certificate / Medical Leave from doctor (Note: Original submit to Labour office) - Copy of Worker's Passport & Date of Entry - Copy of Work Permit - Copy of 6 Months Salary Slip Prior to Date of Accident - Copy of PP5 Form / PP6 Form (Labour Assessment) - Copy of Policy Schedule - Original/Copy Police Report (If available/related) - E-PAYMENT FORM 	<p>1 Please make sure that this worker is covered with Foreign Workers' Compensation Scheme (FWCS) (For Example : Policy)</p> <p>2 Contact and notify our claim department or sales personel. (We can recommend a reliable casket / undertaker) ucncclaim@gmail.com / 6012-538 2660 / 03-7874 2660</p> <p>3 Notify the labour office (Nearest to the accident place, refer to the labour office address - Refer Attachment A2) by letter within 10 Days (Refer attachment A1) from the date of accident. Please refer to the documents that require as below :-</p> <p>i) Letter of notification (For Death) (Refer Sample Attachment B2) (2 Sets) ii) Please fill up the PP2 Form (Refer Sample Attachment B3) (3 Sets) iii) Copy of Death Certificate iv) Copy of Police Report (If available/related) v) Copy of Passport and Permit vi) Copy of Insurance Policy</p> <p>4 Compile all require documents attached with our check list* (Refer to Attachment B6) to ucn for the insurance claim as below:-</p> <ul style="list-style-type: none"> - Copy of PP2 Form* - Original/Copy of Police Report - Original Air Way Bill - Copy Burial Certificate (PERMIT PENGKEBUMIAN) - Copy Death Certificate (SIJIL KEMATIAN) - Embassy Certification Letter / Ministry of Health Certification Letter & Schedule (Original / Commissioner for Oaths) - Original Repatriation Expenses Bill from Undertaker - Original Repatriation Receipt - Copy of Worker's Passport & Date of Entry - Copy of Work Permit - Copy of Policy Schedule - Copy of 6 Months Salary Slip Prior to Date of Accident - Copy of PP7 Form (Labour Assesment) - E-PAYMENT FORM - Letter Authorization for Casket (If available/related) <p>Please Note: We advices our clients submit all the relevants claim documents to UCN for verification before making any payment to the CASKET/UNDERTAKER</p>

* FORM CAN BE REQUEST FROM UCN