



UNI CITY NETWORK ENTERPRISE (001405564M)

No 1213, 12th Floor, Block A4,
 Leisure Commerce Square,, 46150 Petaling Jaya, Selangor
 Tel: 03-78742660, Fax: 03-78741768
 Email Address: unicitykl@gmail.com WEBSITE: www.ucn.my
 Claim Care Line: 012-5382660 Email: ucclaim@gmail.com

QUOTATION

FOREIGN WORKER INSURANCE GUARANTEE (IG)

PREMIUM TABLE PER WORKER FOR 18 MONTHS COVERAGE				
IG AMOUNT	RM 250 Indonesian / Thai	RM 500 Bangladeshi	RM 750 Indian / Pakistani Nepalese / Myanmar Sri Lankan	RM1500 Chinese / Vietnamese
PREMIUM/WORKER	RM 3.75	RM 7.50	RM 11.25	RM 22.50

- * There is No Premium Refund upon Insurance Guarantee returned for cancellation.
- * CASH BEFORE COVER
- * Minimum Premium Per IG is RM50 + RM3 GST(6%) + RM10 STAMP DUTY = RM63
- * Amendment charges for letter : RM20 per IG
- * Amendment charges for Name List : RM10 per IG

FOREIGN WORKER HOSPITALISATION & SURGICAL SCHEME (FWHS/SKHPPA)

PREMIUM PER WORKER
RM127.20 (INCLUSIVE OF 6% GST)
* RM10.00 Stamp Duty Per Year Per Company

- * CASH BEFORE COVER
- Admission to NON – CORPORATISED MALAYSIAN GOVERNMENT HOSPITAL only

FOREIGN WORKER COMPENSATION SCHEME (FWCS)

PREMIUM PER WORKER
RM76.32 (INCLUSIVE OF 6% GST)
* RM10.00 Stamp Duty Per Year Per Company

- * CASH BEFORE COVER

ELIGIBILITY: ALL FOREIGN WORKERS AND FOREIGN MAIDS WITH VALID WORKING PERMIT ISSUED BY MALAYSIA IMMIGRATION DEPARTMENT AND PASSES THE MEDICAL EXAMINATION AS CONFIRMED BY FOMEMA SDN BHD
 THIS QUOTATION IS NOT A CONTRACT OF INSURANCE. THE DESCRIPTION OF THE AVAILABLE COVER IS ONLY A BRIEF SUMMARY FOR QUICK AND EASY REFERENCE. THE PRECISE TERMS, BENEFITS, CONDITIONS AND EXCLUSIONS ARE STATED IN THE POLICY



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FOREIGN WORKER HOSPITALISATION & SURGICAL SCHEME (SKHPPA)

Introduction :

SKHPPA is a scheme that specially designed to reduce the financial burden of the Employers of foreign workers / foreign maid in the event of hospital admission of their foreign worker / foreign maid due to accident or illness

DESCRIPTION OF COVER

ITEMS	SKHPPA BENEFIT (per disability)	
1(A)	Ward Charges, including Surgical Ward Treatment Fees (Max up to 30days)	<div style="border: 1px solid black; padding: 5px;"> As charged – in accordance to charges consistent with third class room & board to a maximum of RM60 per day, in a non-corporatised Malaysian Government Hospital in conformance to the charges specified under Fees Act 1951, Fees (medical) Order 1982. </div>
1(B)	Intensive Care Unit (ICU) (Maximum up to 15days)	
2	Hospital Supplies & Service	
3	Operating Theatre	
4	Surgical Fees (Exclude Organ Transplantation)	
5	Anesthetist Fees	
6	In Hospital Physician visits (Maximum up to 30 days)	
7	In Hospitalisation Specialist consultataton visits (Maximum up to 30 days)	
8	Ambulance Fees/Medical Report Fees	
	Maximum Overall Annual Limit Per insured Worker (item 1 to 8)	RM20,000

PREMIUM PER WORKER
RM127.20 (INCLUSIVE OF 6% GST)
* RM10.00 Stamp Duty Per Year Per Company

* CASH BEFORE COVER

Admission to NON – CORPORATISED MALAYSIAN GOVERNMENT HOSPITAL only

ELIGIBLY: ALL FOREIGN WORKERS AND FOREIGN MAIDS WITH VALID WORKING PERMIT ISSUED BY MALAYSIA IMMIGRATION DEPARMENT AND PASSES THE MEDICAL EXAMINATION AS CONFIRMED BY FOMEMA SDN BHD
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FOREIGN WORKER COMPENSATION SCHEME (FWCS)

Introduction :

FWCS provides the benefit of coverage according to the Workmen's Compensation Act 1952

DESCRIPTION OF COVER

1	WORKMEN'S COMPENSATION	
	(a) Death or Permanent Disablement (During Working Hours)	<i>up to RM25,000.00</i>
	(b) Accidental Death or Permanent Disablement (After Working Hours)	<i>up to RM23,000.00</i>
2	MEDICAL EXPENSES (Upon Receipt)	
	(a) Ward Charges, including Surgical Ward Treatment Fees	<i>up to RM300.00</i>
	(b) Operation Fees	<i>up to RM250.00</i>
	(c) X-ray Fee	<i>up to RM100.00</i>
	(d) Other Electric Therapeutic Charges (Refer to Labour Letter as at 30/05/2005)	<i>up to RM100.00</i>
	Total :	<i>up to RM750.00</i>
3	REPATRIATION EXPENSES (Upon Receipt)	<i>up to RM4800.00</i>
4	REIMBURSEMENT OF LOSS OF WAGES	<i>As Per Labour Assessment</i>

PREMIUM PER WORKER
RM76.32 (INCLUSIVE OF 6% GST)
<i>* RM10.00 Stamp Duty Per Year Per Company</i>

* CASH BEFORE COVER

** FWCS is cover strictly due to Accident only.

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SAMPLE CALCULATION FOR 1 AND 10 FOREIGN WORKERS FROM NEPAL

FOREIGN WORKER INSURANCE GUARANTEE IG	1 WORKER FROM NEPAL	10 WORKERS FROM NEPAL
PREMIUM (IG COVERAGE RM750) (MINIMUM PREMIUM RM50 PER IG APPLY)	RM 11.25 (PREMIUM < RM50)	RM 112.50 (PREMIUM > RM50)
ACTUAL PREMIUM	RM 50.00	RM 112.50
ADD 6% GST	RM3.00	RM6.75
TOTAL PREMIUM BEFORE STAMP DUTY	RM 53.00	RM 119.25
ADD RM10 STAMP DUTY PER IG		
TOTAL PREMIUM (A)	RM 63.00	RM 129.25

FOREIGN WORKER H&S SCHEME SKHPPA/FWHS	1 WORKER ONLY	10 WORKERS
PREMIUM	RM 105.00	RM 1050.00
ADD SPIKPA FEES	RM 15.00	RM 150.00
ADD 6% GST (RM120 x 6%)	RM 7.20	RM 72.00
TOTAL PREMIUM BEFORE STAMP DUTY	RM 127.20	RM 1272.00
ADD RM10 STAMP DUTY PER EMPLOYER PER YEAR	RM10	RM10
TOTAL PREMIUM AFTER STAMP DUTY (B)	RM 137.20	RM 1282.00

FOREIGN WORKER COMPENSATION SCHEME FWCS	1 WORKER ONLY	10 WORKERS
PREMIUM	RM 67.00	RM 670.00
ADD SPPA FEES	RM 5.00	RM 50.00
ADD 6% GOV'T TAX (RM72 x 6%)	RM 4.32	RM 43.20
TOTAL PREMIUM BEFORE STAMP DUTY	RM 76.32	RM 763.20
ADD RM10 STAMP DUTY PER EMPLOYER PER YEAR	RM10	RM10
TOTAL PREMIUM AFTER STAMP DUTY (C)	RM 86.32	RM 773.20

TOTAL PREMIUM FOR IG, SKHPPA AND FWCS	RM63 + RM137.20 + RM86.32	RM129.25 + RM1282 + RM773.20
*(WITH YEARLY STAMP DUTY)(A+B+C)	*RM286.52	*RM2184.45

REQUEST FORM - IG , SKHPPA and FWCS

FROM:

DATE: _____ ACCOUNT CODE: _____

AGENT NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ CONTACT TEL: _____

EMAIL: _____ FAX: _____



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PARTICULARS OF REQUEST

NAME OF COMPANY / EMPLOYER : _____

ROC NUMBER: _____ SECTOR: _____

ADDRESS: _____

PLACE OF IMMIGRATION (FOR IG): _____

PERIOD OF COVER: FROM _____ TO _____

NATIONALITY: _____ GST NO _____

(For Renewal)

	WORKER'S NAME	SEX	PASSPORT NO	DOB	NEXT OF KIN	PERMIT NO	PERMIT EXPIRY DATE
					(NAME) & RELATION		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

PROCEDURES OF REQUEST:

- 1) FAX OR EMAIL THE REQUEST TO 03-78741768 / unicitykl@gmail.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 INSURANCE POLICIES
- STRICTLY CASH BEFORE COVER ONLY
- CASH, CHEQUE,CREDIT CARD OR E-PAYMENT TO PUBLIC BANK 3122135211

NOTE:

MODE OF PAYMENT: