

REQUEST FORM - IG , SKHPPA and FWCS

FROM:

DATE: _____ ACCOUNT CODE: _____

AGENT NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ CONTACT TEL: _____

EMAIL: _____ FAX: _____



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: ucncclaim@gmail.com

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 Renew)

	WORKER'S NAME	SEX	PASSPORT NO	DOB	NEXT OF KIN	PERMIT NO
					(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

NOTE:

STRICTLY CASH BEFORE COVER ONLY

MODE OF PAYMENT:

CASH, CHEQUE,CREDIT CARD OR E-PAYMENT TO PUBLIC BANK 3122135211

