

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

Dear Sir / Mdm,

**RE : HOSPITALISATION AND SUGICAL SHCEME FOR FOREIGN
WORKER SCHEME (SKHPPA)
NOTIFICATION OF CLAIM UNDER**

The Insured :
Worker's Name :
Passport Number :
Policy Number :

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

- | | |
|---|-----|
| 1) SKHPPA Reimbursement Medical Form | () |
| 2) Original Medical Receipts with Itemized Bills | () |
| 3) Original Deposit Paid Receipt | () |
| 4) Original Medical Report (If Available/Related) | () |
| 5) Copy of Doctor Referral Letter | () |
| 6) Copy Of Worker's Passport & Date Of Entry | () |
| 7) Copy of Work Permit | () |
| 8) Copy Of Policy Schedule | () |
| 9) Police Report (If Available/Related) | () |
| 10) 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 :