

Date :

**UNI CITY NETWORK ENTERPRISE (001405564-M)**

No 1213, 12<sup>th</sup> Floor, Block A4,

Leisure Commerce Square, 46150 Petaling Jaya, Selangor

Tel: 03-78742660 Fax: 03-78741768

Email: [unicitykl@gmail.com](mailto:unicitykl@gmail.com) Website: [www.ucn.my](http://www.ucn.my)

Claim Care Line: 012-5382660 Email: [ucnclaim@gmail.com](mailto:ucnclaim@gmail.com)

Dear Sir / Mdm,

**RE : HOSPITALISATION AND SUGICAL SHCEME FOR FOREIGN  
WORKER SCHEME (SKHPPA)**

**- For Admission Deposit Reimbursement Only**

**(Only applicable to cases insured had successfully admitted and discharged)**

**NOTIFICATION OF CLAIM UNDER**

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

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

- |     |  |     |
|-----|--|-----|
| 1)  | SKHPPA Reimbursement Medical Form (Answer Part 1,5,6,7 Only) | ( ) |
| 3)  | Original Deposit Paid Receipt                                | ( ) |
| 6)  | Copy Of Worker's Passport & Date Of Entry                    | ( ) |
| 7)  | Copy of Work Permit  | ( ) |
| 8)  | Copy Of Policy Schedule                                      | ( ) |
| 10) | E-PAYMENT FORM   | ( ) |

Kindly acknowledge receipt for the above documents.

Thank you.

**CLAIM SUBMITTED BY:**

**ACKNOWLEDGED BY UCN:**

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**Company Chop & Signature  
Name :**

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**Company Chop & Signature  
Date :**