



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 Addresss: unicitykl@gmail.com WEBSITE: www.ucn.my
 Claim Care Line: 012-5382660 Email: ucncclaim@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 SST(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
RM126.30 (INCLUSIVE OF 6% SST)
* 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

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

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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% SST	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% SST (RM105 x 6%)	RM 6.30	RM 63.00
TOTAL PREMIUM BEFORE STAMP DUTY	RM 126.30	RM 1263.00
ADD RM10 STAMP DUTY PER EMPLOYER PER YEAR	RM10	RM10
TOTAL PREMIUM AFTER STAMP DUTY (B)	RM 136.30	RM 1273.00

TOTAL PREMIUM FOR IG And SKHPPA	RM63 + RM136.30	RM129.25 + RM1273
*(WITH YEARLY STAMP DUTY)(A+B)	*RM199.30	*RM1402.25

REQUEST FORM - IG And SKHPPA

FROM:

DATE: _____ ACCOUNT CODE: _____

AGENT NAME: _____

ADDRESS: _____

CONTACT PERSON: _____ CONTACT TEL: _____

EMAIL: _____ FAX: _____

PARTICULARS OF REQUEST

NAME OF COMPANY / EMPLOYER : _____

ROC NUMBER: _____ SECTOR: _____

ADDRESS: _____

PLACE OF IMMIGRATION (FOR IG): _____

PERIOD OF COVER: FROM _____ TO _____

NATIONALITY: _____

					COMPULSARY FOR RENEWAL ONLY	
	WORKER'S NAME	SEX	PASSPORT NO	DOB	PERMIT EXPIRY DATE	PERMIT NUMBER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

PROCEDURES OF REQUEST:

- 1) FAX: 03-78741768 Email: unicitykl@gmail.com Whatapps: 012-205 2899
- 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:

MODE OF PAYMENT:

STRICTLY CASH BEFORE COVER ONLY
CASH, CHEQUE, E-PAYMENT TO PUBLIC BANK 3122135211 or JOMPAY 26427