



# UNI CITY NETWORK ENTERPRISE (001405564M)

No 1213, 12th Floor, Block A4,  
 Leisure Commerce Square,, 46150 Petaling Jaya, Selangor  
 Tel: 03-78742660, 012-2052899 Fax: 03-78741768  
 Email Address: unicitykl@gmail.com WEBSITE: www.ucn.my  
 Claim Care Line: 012-5382660 Email: ucncclaim@gmail.com

## QUOTATION

### **FOREIGN WORKER INSURANCE GUARANTEE (IG)**

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

- \* 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 )

<b>PREMIUM PER WORKER</b>
<b>RM126.30 (INCLUSIVE OF 6% SST)</b>
<b>* RM10.00 Stamp Duty Per Year Per Company</b>

- \* **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 &amp; 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	
<b>Maximum Overall Annual Limit Per insured Worker (item 1 to 8)</b>		<b>RM20,000</b>

<b>PREMIUM PER WORKER</b>
<b>RM126.30 (INCLUSIVE OF 6% SST)</b>
<i>* RM10.00 Stamp Duty Per Year Per Company</i>

### **\* CASH BEFORE COVER**

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## SAMPLE CALCULATION FOR 1 AND 10 FOREIGN WORKERS FROM NEPAL

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

<b>FOREIGN WORKER H&amp;S SCHEME SKHPPA/FWHS</b>	<b>1 WORKER ONLY</b>	<b>10 WORKERS</b>
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 <b>BEFORE</b> STAMP DUTY	<b>RM 126.30</b>	<b>RM 1263.00</b>
ADD RM10 STAMP DUTY PER EMPLOYER PER YEAR	RM10	RM10
<b>TOTAL PREMIUM AFTER STAMP DUTY (B)</b>	<b>RM 136.30</b>	<b>RM 1273.00</b>

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

# 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: \_\_\_\_\_

	WORKER'S NAME	SEX	PASSPORT NO	DOB	COMPULSARY FOR RENEWAL ONLY	
					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  
CREDIT CARD, CHEQUE, E-PAYMENT TO PUBLIC BANK 3122135211 or JOMPAY 26427