

**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 + RM4 SST(8%) + RM10 STAMP DUTY = RM64*

\* *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>RM129.60 (INCLUSIVE OF 8% SST)</b>
<i>* RM10.00 Stamp Duty Per Year Per Company</i>

\* **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

***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>RM129.60 (INCLUSIVE OF 8% SST)</b>
<b>* RM10.00 Stamp Duty Per Year Per Company</b>

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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 8% SST	RM4.00	RM9.00
TOTAL PREMIUM <b>BEFORE</b> STAMP DUTY	RM 54.00	RM 121.50
ADD RM10 STAMP DUTY PER IG		
<b>TOTAL PREMIUM (A)</b>	<b>RM 64.00</b>	<b>RM 131.50</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 8% SST	RM 9.60	RM 96.00
TOTAL PREMIUM <b>BEFORE</b> STAMP DUTY	<b>RM 129.60</b>	<b>RM 1296.00</b>
ADD RM10 STAMP DUTY PER EMPLOYER PER YEAR	RM10	RM10
<b>TOTAL PREMIUM <b>AFTER</b> STAMP DUTY (B)</b>	<b>RM 139.60</b>	<b>RM 1306.00</b>

<b>TOTAL PREMIUM FOR IG And SKHPPA</b>	RM64 + RM139.60	RM131.50 + RM1306
<b>*(WITH YEARLY STAMP DUTY)( A+B)</b>	<b>*RM203.60</b>	<b>*RM1437.50</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) 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 STRICTLY CASH BEFORE COVER ONLY
- NOTE:  
MODE OF PAYMENT: CREDIT CARD, CHEQUE, E-PAYMENT TO PUBLIC BANK 3122135211 or JOMPAY 26427