



**TOKIO MARINE**  
INSURANCE GROUP

Proposal Form/Borang Cadangan

# Skim Kemasukan Hospital & Pembedahan Pekerja Asing (SKHPPA)

Agent's Code  
Kod Ejen \_\_\_\_\_

Cover Note No.  
No. Nota Perlindungan \_\_\_\_\_

Policy No.  
No. Polisi \_\_\_\_\_

Information collected in this proposal form shall be used in connection with the Company's purposes and course of business only.  
Maklumat yang diperolehi di dalam borang cadangan hanya boleh digunakan dengan tujuan dan untuk urusan perniagaan Syarikat sahaja.

Please write in block letters and tick (✓) in the appropriate boxes. Kindly attach separate sheet if space is insufficient.  
Sila tulis dalam huruf besar dan tandakan (✓) pada petak yang sesuai. Sila lampirkan kertas berasingan sekiranya kekurangan ruang.

## Particulars of Employer / Butir-butir Majikan

Business Registration No./NRIC  
No. Pendaftaran Syarikat/KP \_\_\_\_\_

Name of Proposer / Employer  
Nama Pencadang / Majikan \_\_\_\_\_

Race  
Bangsa \_\_\_\_\_

Address of Employer  
Alamat Majikan \_\_\_\_\_

State  
Negeri \_\_\_\_\_

Postcode  
Poskod \_\_\_\_\_

Telephone No.: Office  
No. Telefon: Pejabat \_\_\_\_\_

Mobile  
Telefon Bimbit \_\_\_\_\_

E-mail Address  
Alamat E-mel \_\_\_\_\_

Business/Occupation  
Perniagaan/Pekerjaan \_\_\_\_\_

## Period of Insurance Coverage / Tempoh Perlindungan Insurans

Period of Coverage  
Tempoh Perlindungan \_\_\_\_\_

Date of Coverage  
Tarikh Perlindungan

From  
Dari

D	D	M	M	Y	Y	Y	Y

To  
Hingga

D	D	M	M	Y	Y	Y	Y

No. of worker(s) to be insured  
Bilangan pekerja yang akan diinsurankan \_\_\_\_\_

(if more than one (1) worker, please complete the Workers Particulars Form)  
(jika lebih dari seorang (1) pekerja, sila lengkapkan Borang Butir-Butir Pekerja yang disertakan dalam lampiran ini)

## Place of Employment / Tempat Pekerjaan

To be filled up only if Place of Employment Address is not the same as the Address of Employer above :  
Hanya perlu diisi sekiranya Alamat Tempat Pekerjaan berlainan dengan Alamat Majikan di atas :

Business Registration No. / NRIC / Passport / Construction Site No. / Project Reference No  
No. Pendaftaran Syarikat / KP / Pasport / Rujukan Tapak Pembinaan / Rujukan Projek \_\_\_\_\_

Place of Employment Address  
Alamat Tempat Pekerjaan \_\_\_\_\_

Postcode  
Poskod \_\_\_\_\_

## Particulars of Foreign Worker / Butir-butir Pekerja Asing

(If application is for only one (1) worker, please complete the following particular)  
(jika permohonan untuk seorang (1) pekerja, sila lengkapkan butir-butir berikut)

Name of Worker  
Nama Pekerja \_\_\_\_\_

Nationality  
Warganegara \_\_\_\_\_

Passport No  
No. Pasport \_\_\_\_\_

Date of Birth (DD/MM/YY)  
Tarikh Lahir (HH/BB/TT) \_\_\_\_\_

Gender  Male /Lelaki  Female /Perempuan  
Jantina

Marital Status/  
Status Perkahwinan  Single /Bujang  Married /Berkahwin  Divorced /Bercerai  Widowed /Duda/Janda

Work Permit No  
No. Permit Kerja \_\_\_\_\_

Work Permit Expiry Date  
Tarikh Luput Permit Kerja \_\_\_\_\_

Nature of Work  
Jenis Pekerja \_\_\_\_\_

Who will be paying the premium for this insurance policy?  
Siapakah yang akan membayar premium untuk polisi insurans ini?  Employer Majikan  Foreign worker themselves Pekerja asing sendiri

**Tokio Marine Insurans (Malaysia) Berhad**

198601000381 (149520-U)

Level 20, Menara Hap Seng 3, Plaza Hap Seng, No. 1, Jalan P. Ramlee, 50250 Kuala Lumpur, Malaysia.  
T: (03) 2027 8200 / 2789 8800 F: (03) 2022 2295 Customer Service Hotline: 1800 88 0812  
tokiomarine.com

A member of the  
Tokio Marine Group

Item	DESCRIPTION OF BENEFITS /COVERAGE HOSPITAL & SURGICAL BENEFITS KETERANGAN FAEDAH / PERLINDUNGAN / MANFAAT KEMASUKAN KE HOSPITAL & PEMBEDAHAN	
1)	(a) Daily Hospital Room & Board (Maximum up to thirty (30) days) <i>Bilik Hospital &amp; Makan Harian (Maksimum sehingga tiga puluh (30) hari)</i> (b) Intensive Care Unit [ICU] (Maximum up to fifteen (15) days) <i>Unit Rawatan Rapi (Maksimum sehingga lima belas (15) hari)</i>	As charged in accordance to charges consistent with Third (3rd) Class Room and Board to a maximum of RM160.00 per day in a Non-Corporatised Malaysian Government Hospital in conformance to the charges specified under Fees Act 1951, Fees (Medical) Order 1982.
2)	Hospital Supplies and Services / <i>Bekalan dan Khidmat Hospital</i>	
3)	Operating Theatre / <i>Bilik Bedah</i>	
4)	Surgical Fees (Exclude organ transplantation) <i>Bayaran Pembedahan (Tidak termasuk pemindahan organ)</i>	
5)	Anaesthetist's Fees / <i>Bayaran Pakar Bius</i>	
6)	In-Hospital Physician Visits (Maximum up to thirty (30) days) <i>Lawatan Pakar Perubatan Dalam Hospital (Maksimum sehingga tiga puluh (30) hari)</i>	
7)	In-Hospital Specialist Consultation Visits (Maximum up to thirty (30) days) <i>Lawatan Rundingan Pakar Dalam Hospital (Maksimum sehingga tiga puluh (30) hari)</i>	
8)	Ambulance Fees/Medical Report Fees / <i>Bayaran Ambulans/Bayaran Laporan Perubatan</i>	
	MAXIMUM OVERALL ANNUAL LIMIT (Items 1 to 8) <i>HAD MAKSIMUM TAHUNAN KESELURUHAN (Perkara 1 hingga 8)</i>	RM20,000.00
	Premium is subject to 8% Service Tax for Corporate policy and RM10 Stamp Duty <i>Premium tertakluk kepada Cukai Perkhidmatan 8% untuk polisi Korporat dan Duti Setem RM10</i>	RM120.00 (Per worker/Setiap pekerja)

Important Note : All benefits payable for any number of disabilities in any one given period of insurance is subject to Overall Annual Limit of RM20,000.00 per Insured Person.

Nota Penting : Semua manfaat berbayar bagi apa-apa bilangan hilang upaya dalam mana-mana satu tempoh Insurans adalah tertakluk kepada Had Tahunan Keseluruhan sebanyak RM20,000.00 bagi setiap Orang Yang Diinsuranskan.

### Foreign Worker's Particulars Form / Borang Butir-butir Pekerja Asing

List of Workers To Be Covered Under SKHPPA / Senarai Nama Pekerja Yang Dilindungi Di Bawah SKHPPA

No. No.	Name / Nama (as per passport) (seperti dalam pasport)	Passport No. No. Pasport	Gender Jantina* (M/F)	Date of Birth Tarikh Lahir (DD/MM/YYYY)	Nationality Warganegara	Occupation Pekerjaan	Status** [N]/[R]/[T]	Premium Premium
Sub-total / Jumlah Kecil								
8% Service Tax for Corporate policy 8% Cukai Perkhidmatan untuk polisi Korporat								
Stamp Duty / Duti Setem								10.00
<b>Total Premium / Jumlah Premium</b>								

Subject to RM10 stamp duty and 8% Service Tax where applicable.  
Tertakluk duti setem RM10 dan Cukai Perkhidmatan sebanyak 8% jika perlu.

Reference/Rujukan : \* Gender/ Jantina : M - Male / Lelaki  
F - Female / Perempuan

\*\* Status : [N] New / Baru  
[R] Renewal / Pembaharuan  
[T] Transfer / Pindahan

Name of Proposer  
Nama Pemohon \_\_\_\_\_

## Payment Instruction / Arahan Pembayaran

I enclose a cheque/bank draft/money order  
Saya sertakan cek/bank draf/kiriman wang pos (No. ....)

If paying by credit card / Jika membayar dengan kad kredit

Paying by credit card  MasterCard  Visa  
Bayar dengan kad kredit

Name of Cardholder  
Nama Pemegang Kad \_\_\_\_\_

Card Number  
Nombor Kad \_\_\_\_\_

Expiry Date  
Tarikh Luput \_\_\_\_\_  
M M Y Y

Amount: \_\_\_\_\_ payable to  
Jumlah: RM ..... bayar kepada TOKIO MARINE INSURANS (MALAYSIA) BERHAD

(Inclusive of RM10 stamp duty, and 8% Service Tax where applicable /  
Termasuk duti setem RM10, dan Cukai Perkhidmatan sebanyak 8% jika perlu)

\_\_\_\_\_  
Signature of Cardholder  
Tandatangan Pemegang Kad

Date / Tarikh \_\_\_\_\_  
D D M M Y Y Y Y

## Important Notices / Notis Penting

- According to Schedule 9 of the Financial Services Act 2013, failure to declare information truthfully and accurately may affect acceptance of the risk leading to this coverage being void and denial of claim. If you notice any inaccurate information or to provide additional information, please inform us immediately for our review and consideration. / Menurut Jadual 9 Akta Perkhidmatan Kewangan 2013, kegagalan untuk mengisytiharkan maklumat dengan benar dan tepat boleh menjejaskan penerimaan risiko yang membawa kepada perlindungan ini menjadi batal dan tuntutan dinafikan. Jika anda menyedari apa-apa maklumat yang tidak tepat atau ingin memberikan maklumat tambahan, sila beritahu kami dengan segera untuk semakan dan pertimbangan kami.

## Acknowledgement & Declaration / Perakuan & Pengisytiharan

### Personal Data Protection Act 2010 (PDPA) Notice/Notis Akta Perlindungan Data Peribadi 2010

I/We acknowledge and consent that the personal data, including any sensitive personal data, collected herein be used, processed and disclosed for the purpose of this proposal to reinsurers; individuals or organizations associated with Tokio Marine Group, or any selected third party (within or outside Malaysia). I/We acknowledge that I/we am/are obligated to provide the above personal data failing which my/our proposal could not be processed and that I/we am/are entitled to obtain access to, request for correction of or limit the processing of my/our personal data; and

Saya/Kami mengakui dan bersetuju bahawa data peribadi, termasuk apa-apa data peribadi yang sensitif, yang dikumpulkan di sini digunakan, diproses dan dizahirkan untuk tujuan cadangan ini kepada penanggung insurans semula; individu atau organisasi yang berkaitan dengan Kumpulan Tokio Marine, atau sebarang pihak ketiga (di dalam atau di luar Malaysia). Saya/Kami mengakui bahawa saya/kami perlu memberikan data peribadi di atas, dan jika gagal berbuat demikian, cadangan saya/kami tidak dapat diproses dan saya/kami berhak untuk mendapatkan akses kepada, meminta pembedahan atau mengehaskan pemprosesan data peribadi saya/kami; dan

I/We further agree that you may disclose and share my/our information with individuals or organizations associated with Tokio Marine Group, strategic partners and other third parties (within or outside Malaysia) as the Company deems fit for the purpose of cross-selling, promoting and marketing financial products and services offered by you and the other entities.

Saya/Kami juga bersetuju bahawa anda boleh mendedahkan dan berkongsi maklumat saya/kami dengan individu atau organisasi yang berkaitan dengan Kumpulan Tokio Marine, rakan strategik dan pihak ketiga lain (di dalam atau di luar Malaysia) yang difikirkan patut untuk tujuan jualan silang, promosi dan pemasaran produk dan perkhidmatan kewangan yang ditawarkan anda dan entiti-entiti lain.

Protection of your privacy is very important to us. Please visit our website at "www.tokiomarine.com" to view our Privacy Statement.

Perlindungan privasi anda adalah sangat penting bagi kami. Sila layari laman web kami di "www.tokiomarine.com" untuk melihat Penyata Privasi kami.

### Declaration/Pengisytiharan

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and

I/we hereby declare that I/we have fully and accurately answered the questions above.

Saya/Kami faham bahawa menjadi tanggungjawab saya/kami untuk mengambil langkah yang munasabah untuk tidak salah nyata semasa menjawab soalan-soalan dalam Borang Cadangan ini dan saya/kami dengan ini mengaku bahawa saya/kami telah menjawab dengan sepenuhnya dan dengan tepat soalan di atas.

\_\_\_\_\_  
Signature of Proposer/Company Stamp  
Tandatangan Pemohon/Cop Syarikat

Date / Tarikh \_\_\_\_\_  
D D M M Y Y Y Y

Name of Proposer  
Nama Pemohon \_\_\_\_\_

**Verification of Applicant's Identification / Pengesahan Identiti Pemohon**

To be completed by Insurance Agents, Insurance Brokers or Staff of TMIM.  
*Untuk dilengkapkan oleh Ejen Insurans, Broker Insurans atau Kakitangan TMIM.*

1. In compliance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Applicant's original NRIC/Passport/Business Registration Certificate\* was verified and authenticated by me at the point of sales.  
*Selaras dengan Akta Pencegahan Pengubahan Wang Haram, Pencegahan Pembiayaan Keganasan dan Hasil daripada Aktiviti Haram 2001, saya dengan ini mengesahkan bahawa Kad Pengenalan/Pasport/Sijil Pendaftaran Perniagaan\* asal Pemohon telah disemak dan disahkan oleh saya semasa urusan di jalankan.*
2. Photocopy of the Applicant's original NRIC/Passport/Business Registration Certificate\* is attached to this proposal form, which premium exceeds RM50,000 per transaction for single policy or exceeds RM100,000 per transaction for group policy.  
*Salinan Kad Pengenalan/Pasport/Sijil Pendaftaran Perniagaan\* asal Pemohon disertakan bersama borang cadangan ini, di mana premium polisi tunggal melebihi RM50,000 setiap transaksi atau premium polisi kumpulan melebihi RM100,000 setiap transaksi.*

\*Please delete where not applicable/*Sila potong mana yang tidak berkenaan*

\_\_\_\_\_  
Signature/Tandatangan  
Name>Nama: \_\_\_\_\_  
NRIC No./No. Kad Pengenalan \_\_\_\_\_

Date/Tarikh: 

D	D	M	M	Y	Y	Y	Y

**Applicable for Purchase of Group Insurance Policy / Digunakan untuk Pembelian Polisi Insurans Kumpulan**

To be completed by an Authorised Person of the company\*\*  
*Untuk dilengkapkan oleh Orang Yang Diberi Kuasa oleh syarikat\*\**

I/We (who purchase the group insurance policy) hereby confirm that I/we have sighted the original copy of the NRIC/Passport/Business Registration Certificate\* and verified the details of the persons covered under the group policy.  
*Saya/Kami (yang membeli polisi insurans kumpulan) dengan ini mengesahkan bahawa saya/kami telah menyemak Kad Pengenalan/Pasport/Sijil Pendaftaran Perniagaan\* yang asal dan mengesahkan butiran orang yang dilindungi di bawah polisi kumpulan.*

\* Please delete where not applicable/*Sila potong mana yang tidak berkenaan.*  
\*\* Any person who has been designated to perform on behalf of the company/*Orang yang diberi kuasa pelaksanaan bagi pihak syarikat.*

\_\_\_\_\_  
Authorised Signature & Company Stamp  
*Tandatangan Yang Diberi Kuasa & Cop Syarikat*  
Name>Nama: \_\_\_\_\_  
Designation/Jawatan: \_\_\_\_\_  
NRIC No./No. Kad Pengenalan: \_\_\_\_\_

Date/Tarikh: 

D	D	M	M	Y	Y	Y	Y

Tokio Marine Insurans (Malaysia) Berhad is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia.  
*Tokio Marine Insurans (Malaysia) Berhad dilesenkan di bawah Akta Perkhidmatan Kewangan 2013 dan dikawalselia oleh Bank Negara Malaysia.*

Name of Proposer  
*Nama Pemohon* \_\_\_\_\_