

**FOREIGN WORKERS COMPENSATION SCHEME / SKIM PAMPASAN PEKERJA ASING  
NOTICE OF ACCIDENT / NOTIS KEMALANGAN**

- N.B.
1. Full particulars of every accident are to be furnished by the Employer  
*Butiran penuh setiap kemalangan mesti diberikan oleh Majikan.*
  2. All employment accidents must be reported to the Labour Dept immediately  
*Semua kemalangan pekerjaan hendaklah dilaporkan kepada Jabatan Buruh dengan serta-merta.*
  3. This form is sent without prejudice to the terms of the policy  
*Borang ini dihantar tanpa prasangka terhadap syarat-syarat polisi.*
  4. If any details or information are not readily available, please forward this form without delay, and advise the missing details as soon as possible.  
*Jika apa-apa maklumat atau keterangan tidak dapat diperolehi sekarang, sila kembalikan borang ini dahulu dan memberitahu tentang maklumat apabila diterima kelak dengan secepat mungkin.*
  5. All written communications received by the Employer concerning accidents to employees should be forwarded at once to the Company.  
*Semua perhubungan bertulis mesti dihantar terus kepada Syarikat.*

<b>THE EMPLOYER / MAJIKAN</b>	
1. Name of Policyholder / <i>Nama Pemegang Polisi</i>	
2. Correspondence Address / <i>Alamat Surat Menyurat</i>	
3. Telephone No / <i>No. Telefon</i>	
4. Trade / Business / <i>Perniagaan</i>	
5. Policy No. / <i>Polisi No.</i>	
<b>THE INJURED WORKER / PEKERJA YANG TERCEDERA</b>	
6. Name / <i>Nama</i>	
7. Nationality / <i>Warganegara</i>	<input type="checkbox"/> Bangladesh <input type="checkbox"/> Indonesia <input type="checkbox"/> Filipino <input type="checkbox"/> Pakistani <input type="checkbox"/> Others / <i>Lain-lain</i>
8. Passport No. / <i>No. Pasport</i>	
9. FWCS ID Card Serial No. / <i>No. Siri Kad Pengenalan SPPA</i>	
10. Marital Status / <i>Taraf Perkahwinan</i>	<input type="checkbox"/> Married / <i>Berkahwin</i> <input type="checkbox"/> Single / <i>Bujang</i> <input type="checkbox"/> Divorced / <i>Bercerai</i>
11. On what work was the injured worker engaged at the time of accident?/ <i>Apakah pekerjaan yang dilakukan oleh pekerja semasa kejadian / kemalangan?</i>	
12. If taken to the hospital, please state name of Hospital / <i>Jika dibawa ke hospital, nyatakan nama Hospital</i>	

<p>13. (a) Whether still in hospital?/ <i>Adakah masih di hospital?</i></p> <p>(b) Whether in or out-patient or if discharge, date of discharge / <i>Sama ada diberi rawatan dalam atau pesakit luar atau jika dischaj, nyatakan tarikh.</i></p>	<p><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span></p> <p><input type="checkbox"/> Yes <span style="margin-left: 200px;"><input type="checkbox"/> No</span></p>
<p>14. If not taken to hospital, please state whether being medically attended and if so by whom / <i>Jika tidak dibawa ke hospital, nyatakan sama ada diberi rawatan dan jika ya, oleh siapa?</i></p>	
<p>15. Please state when the worker returned to work after the accident / <i>Sila nyatakan bila pekerja kembali bekerja selepas kemalangan.</i></p>	
<p>16. Is the injured person able to do partial work?/ <i>Adakah pekerja yang tercedera mampu melakukan kerja separa?</i></p>	<p>_____ Months/ Bulan _____ Day/ Hari</p>
<p>17. What is the probably period of disablement (approximate)?/ <i>Anggaran tempoh ketidakupayaan.</i></p>	<p>Date / Tarikh : <span style="margin-left: 150px;">Time / Masa :</span></p> <p>Place / Tempat : Date ceased work / Tarikh berhenti bekerja :</p>
<b>THE ACCIDENT / KEMALANGAN</b>	
<p>18. As regards to the accident please state:/ <i>Berkenaan kemalangan, nyatakan:</i></p>	
<p>19. How exactly did the accident occur?(If space is insufficient, please write on separate sheet)/ <i>Bagaimana kemalangan berlaku? (sekiranya ruang tidak mencukupi, sila tulis dalam lampiran berasingan)</i></p>	
<p>20. Has a report been made to the Labour Department? If so, state the name of the officer to whom the report was made and their reference./ <i>Sudahkah kemalangan dilaporkan kepada Jabatan Buruh? Jika ya, nyatakan nama pegawai yang mengambil laporan dan nombor rujukan.</i></p>	
<p>21. What was the general nature of the contract or the work going on?/ <i>Apakah jenis kontrak atau pekerjaan yang dilakukan semasa kemalangan?</i></p>	
<p>22. State the names of persons who witnessed the accident./ <i>Nyatakan nama-nama orang yang menyaksikan kemalangan tersebut.</i></p>	

I / We hereby declare that the foregoing answers to be true in every respect to the best of my / our knowledge and belief than no information or particulars have been suppressed.

*Saya / Kami mengakui sepanjang pengetahuan saya / kami bahawa jawapan-jawapan yang diberikan di atas adalah benar dan tiada maklumat atau keterangan yang disembunyikan.*

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Date / Tarikh

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Signature of Employer & Company Stamp  
Tandatangan Majikan & Chop Syarikat