

D. BUTIRAN NOTIS KEMALANGAN / NOTICE OF ACCIDENT DETAILS

- D1. Tarikh kemalangan
Accident date : am / pm
Hari / Day Bulan / Month Tahun / Year
- D2. Masa kemalangan
Accident time : am / pm
- D3. Tempat kemalangan
Place of accident Dalam premis majikan
At employer's premise Luar premis majikan
Outside employer's premise
- D4. Adakah hari kemalangan hari orang
berinsurans bekerja ? Ya / Yes
Did the accident occur on the insured person's
work day? Tidak / No

D5. Bila kemalangan berlaku? / When did the accident occur?

| | |
|---|---|
| Semasa bekerja / While working | Semasa kecemasan / During emergency |
| Semasa menjalankan aktiviti berkaitan pekerjaan While carrying out activity related to employment | Semasa perjalanan antara tempat tinggal/ kediaman dengan tempat kerja During journey between residence and place of work |
| Semasa perjalanan berkaitan dengan pekerjaan During journey related to work | Semasa perjalanan pada masa rehat yang dibenarkan During journey while on authorized recess |
| Semasa perjalanan/ aktiviti tidak berkaitan pekerjaan During journey/ activity not related to work | Semasa perjalanan/ aktiviti dalam tempoh cuti tanpa gaji During journey/ activity while on unpaid leave |
| Lain-lain (Nyatakan): Others (Please state) | |

- D6. Bagaimana kemalangan berlaku?
How did the accident occur?
- D7. Tujuan perjalanan pada hari kemalangan (bagi kemalangan dalam perjalanan sahaja)
Purpose of the journey on the date of the accident (for commuting accident only)
- D8. Perihal kecederaan / Type of injury

- D9. Waktu kerja bermula pada hari kemalangan
Time work starts on accident day : am / pm
- D10. Waktu kerja tamat pada hari kemalangan
Time work ends on accident day : am / pm

- D11. Waktu rehat yang dibenarkan pada hari kemalangan
Time of authorized recess on accident day : am / pm

- D12. Nama saksi (jika ada)
Witness name (if applicable)

- D13. No. telefon saksi
Witness telephone no.

Sila sertakan / Please attach:

- Perakuan Perubatan
Medical Certificate (Per. / Reg. 57(1))
- Laporan Polis (bagi kemalangan jalanraya)
Police Report (for traffic accidents) (Per. / Reg. 71(1))

- D14. Tarikh cuti sakit bermula
Start date of medical certificate
Hari / Day Bulan / Month Tahun / Year

- D15. Nama & alamat klinik yang memberikan rawatan awal
Name and address of clinic which provided initial treatment

E. BUTIRAN NOTIS PENYAKIT KHIDMAT / NOTICE OF OCCUPATIONAL DISEASE DETAILS

E1. Nama & alamat majikan bagi tempoh 5 tahun terakhir pekerjaan / Name and address of employer(s) for the last 5 years of employment

| Bil. No. | Nama & Alamat Majikan Name & Address of Employer | Tempoh Bekerja Employment Period | Jawatan / Pekerjaan Designation / Occupation |
|----------|---|-------------------------------------|---|
| | | | |
| | | | |

- E2. Perihal penyakit khidmat
Type of occupational disease

- E3. Adakah penyakit berkaitan dengan pekerjaan?
Is the disease related to work? Ya / Yes Tidak / No

- E4. Sila nyatakan tugas & bagaimana orang berinsurans terdedah kepada bahaya
Please state duties and how insured person is exposed to hazard

- E5. Sila jelaskan simptom/ tanda yang dihadapi
Please explain symptoms/ signs encountered

- E6. Nama & alamat klinik yang memberikan rawatan awal
Name & address of clinic which provided initial treatment

- E7. Tempoh cuti sakit (jika ada)
Period of sick leave (if applicable) Hingga
Until
Hari / Day Bulan / Month Tahun / Year

Sila sertakan / Please attach:

- Laporan Perubatan / Medical Report
(Per. / Reg. 68A(1))

