

MANUAL PENGGUNA PORTAL PERMOHONAN FAEDAH

NOTIS KEMALANGAN

1



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Pengenalan

Manual pengguna ini adalah bertujuan sebagai panduan kepada majikan untuk memahami dengan lebih lanjut berkenaan langkahlangkah yang betul bagi melengkapkan setiap permohonan.

Sebagai makluman majikan, Portal Permohonan Faedah PERKESO berfungsi selaku platform penghantaran Borang Tuntutan Skim-Skim PERKESO yang meliputi beberapa faedah seperti Notis Kemalangan, Notis Penyakit Khidmat dan Notis Kematian.

Semoga inisiatif ini bakal memberikan manfaat kepada majikan dan pekerja di dalam memastikan pemprosesan dan penerimaan hak-hak keselamatan sosial yang disediakan oleh PERKESO dapat dilaksanakan dengan segera, komprehensif dan efisien.

PERKESO Itu Prihatin, Prihatin Itu PERKESO



SKRIN SIGN IN



LANGKAH 1:

Masukkan emel dan kata laluan majikan untuk mengakses ke dalam portal.

*Nota

ID Pengguna dan Kata Laluan portal adalah sama seperti akses di dalam Portal ASSIST PERKESO



SKRIN INFO



Paparan Skrin Muka Hadapan:

Informasi mengenai Kemalangan, Kematian dan Penyakit Khidmat di bawah Skim Bencana Pekerjaan.



SKRIN SEJARAH SENARAI TUNTUTAN

A Home	History Claim's Listing						
History Claim's Listing	Show 10 ¢ entries					Search	
	Notice Type 🛧	Employee Identification No 🐟	Employee Name 🗠	Accident Date 🗠	Accident Time 🔹 🖘	Status 🕜 🛛 🗠	Action
	Death	5398		November-20-2020	03:39 PM	Inprogress	é 💼
	Occupational Disease	5398	LIEW SOOK CHIN			Submitted	Q
tidual alma	Showing 1 to 2 of 2 entries						Previous 1 Next
	Copyright © 2021 BARISTA PERKESO . All rights reserve	rd.					Version 1.0.0

Menu Sejarah Tuntutan:

- Pilih menu "History Claim's Notice" untuk melihat senarai tuntutan yang pernah dilakukan oleh majikan;
- Tekan butang 'action' untuk melihat paparan butiran maklumat penghantaran yang telah dilakukan



SKRIN PILIHAN PERMOHONAN

A Home	History Claim's Listing						
Submit Claim Notice	Show 10 🜩 entries					Searc	n:
Accident	Notice Type 🛧	Employee Identification No 🙌	Employee Name 🖘	Accident Date 🗠	Accident Time 💠	Status ?	Action
♥ Death	Death	5398	LIEW SOOK CHIN	November-20-2020	03:39 PM	Inprogress	
	Occupational Disease	5398	LIEW SOOK CHIN			Submitted	G
1. 2 Mar. 1. 2 M	Showing 1 to 2 of 2 entries						Previous 1 Next
li or							
	Copyright © 2021 BARISTA PERKESO . All rights reserv	ed.					Version 1.0.0

LANGKAH 2:

- Dilih menu 'Submit Claim Notice'
- Dilih menu 'Accident' untuk skrin seterusnya,



i Home	Accident Notice			
History Claim's Listing	Due DesiderAter			
🖪 Submit Claim Notice 🛛 🗸	Pre Registration			
🍋 Accident				
and Occupational Disease				
♥ Death		NOTE : 1) The application must be submitted over the counter or 2) Claims processing is only done during operating hours.	nost if the employee is not registered to the SOCSO. Lick here for details.	
	0021106128 23:22	-001 ⁷ 100	18-23-22 april/106/28-25-22	
	Insured Person & Employer Registration Status	161.9.10.00	10.0 March 10.0	
	P Employer Code*	. d(209)192.	-38 ^{P(9)} 192.	
fidxal.abae	A3100004132W			
	Notice Type			
	Accident Notice			
	Accident Date*		Accident Time*	
				Ê
	Please make sure the date of the accident entered correctly, if it h	as been registered this date cannot be updated due to system security	Please make sure the time of the accident entered correctly, if it has been registered this time cannot be updated due to system security	
	Identification Type *		Identification No *	
	Please Choose	~		
	Search Cancel			

LANGKAH 3:

- Masukkan Tarikh Kemalangan
- Masukkan Masa Kemalangan



倄 Home	Accident Notice			4
History Claim's Listing	Pre Registration			
Submit Claim Notice 🗸				
🙈 Accident				
R Occupational Disease				
♥ Death		NOTE: 1) The application must be submitted over the counter or p 2) Claims processing is only done during operating hours. (nost if the employee is not registered to the SOCSO. Lick here for details.	
	0-2021/00	0-2021/00	19-2021 No	
	Insured Person & Employer Registration Status	ALL BALL	and the second	
.2	Employer Code*			
fideal aba	A3100004132W			
	Notice Type			
	Please Choose			
	New IC No.		Accident Time*	
	Old IC No.		07:20 am	
	Police No.		Please make sure the time of the accident entered carrectly, if it has been registered this time cannot be updated due to system se	ecurity
	Army No.		Identification No *	
	Please Choose	~		
	Search Cancel			

LANGKAH 4:

Pilih Jenis Pengenalan Diri: No. Kad Pengenalan Baru; No. Kad Pengenalan Lama; No. Polis;

NO. POIIS;

No. Tentera.



👚 Home	Accident Notice			
History Claim's Listing	Pre Registration			
Submit Claim Notice 🗸				
🖗 Accident				
na Occupational Disease		NOTE		
😍 Death		1) The application must be submitted over the counter or p 2) Claims processing is only done during operating hours. (ost if the employee is not registered to the SOCSO. Lick here for details.	
	2021/06/28 23:28	20 ²¹ 10 ⁶¹	18-23-28 2021/06/28 2	
	Insured Person & Employer Registration Status	162.0.10 ⁻²⁰	a state of the second	
	Employer Code*			
fittal alter	A3100004132W			
	Notice Type			
	Accident Notice			
	Accident Date*		Accident Time*	
	Jun-28-2021		07:20 am	
	Please make sure the date of the accident entered correctly, if it ha	s been registered this date cannot be updated due to system security	Please make sure the time of the accident entered correctly, if it has been registered this time cannot be updated du	e to system security
	Identification Type *		Identification No *	
	Please Choose	~		
	Search Cancel			

LANGKAH 5:

Masukkan nombor Pengenalan Diri dan seterusnya tekan butang "Search"



		NOTE: 1) The application must be submitted over the counter or p 2) Claims processing is only done during operating hours. (ost if the employee is not registered to the SOCSO. Lick here for details.	
	Insured Person & Employer Registration Statu	s		
	Employer Code*			
	A3100004132W			
	Notice Type			
	Death Notice			
atesta	Is Insured Person Still in Employment?*		Is the Death due to Accident? *	
fidual."	Yes	Fidzal	Yes Fideal.	
	Identification Type *		Identification No *	
	New IC No.	~	5527	
	Cancel			
	Search Result			1
	Record Not Found			

LANGKAH 6:

Nota: Sekiranya keputusan carian adalah "Record Not Found" majikan hendaklah mengemukakan tuntutan secara manual ke Pejabat PERKESO yang berhampiran.



Ider	tification Type *	Identification	No *	
N	ew IC No.	♥ 9112081458	48	
Call Call	ncel			
Se	arch Result		ф.,	
Not	ce Type 100/28 13			
De	ath Notice			
POP	red Person Name			
A attained A	N NADIA BINTI NORAZLAN			
Ei das.				
Ider	tification Type	Identification	No.	
Ne	w IC No.	58-	48	
Emp	loyer Code	Employer Nar	ne	
Aa	100004132W	CIMB BANK	BERHAD	
Pr	pceed			

LANGKAH 7:

Nota: Sekiranya keputusan carian adalah berjaya tekan butang "Proceed" untuk ke menu seterusnya





LANGKAH 8:

Pilih Butiran Orang Berinsurans



	Name*					
	'AIN NADIA BINTI NORAZLAN	4				
	No	Ide	ntification Type		Identification No	
	1	New IC No.			5848	
	Date of Birth*		Race*			
		08 14:31	Please Choose	.08 14:31	✓	
	Gender* 2021/06		Occupation*			
	Females.	~	68.0.110-1			
1. Aller I.	Address*					
El gas.						
	State*		City*		Postcode*	
	Please Choose	~	Please Choose		✓	
	House Telephone No			Mobile No.		
	Email Address			Nationality *		
				Please Choose	~	-J
					RESET SAVE	

LANGKAH 9:

Masukkan Tarikh Lahir



LIEW SOOK CHIN			
No	Iden	tification Type	Identification No
1	New IC No.		5398
Date of Birth*		Race*	
Jun-01-2006		Chinese	×
221061		Please Choose	21/106/28
Gender*		Malay 0.110-20-	0.110.204
Female	*	Chinese	001.92.160.2
Address*		Indian	a almad PU?
JLN BANDAR/CECIL		Buminutera Sabah	filman.
State*		Bumiputera Sarawak	Postcode*
Wilayah Persekutuan Kuala	Lumpur 🗸	Others	50000
House Telephone No		Mobile No.	o.
0384909300			
Email Address		Nationality	ty*
chua@gmail.com		Malaysia	ia

LANGKAH 10:

Pilih Bangsa



No Identification Type 1 New IC No. Date of Birth* Jun 01-2005 Jun 01-2005 Cender* Compatible Cender* Malach Cender* Villappend* City* Pender*	LIEW SOOK CHIN				
1 New IC No. Dete of Birth* Jun 01:2006 Jun 01:2006 Chinese Coupation* Coupation* Coupation* Coupation* Coupation* Coupation* Coupation* Coupation* Coupation* Coupation* Coupation* Coupation* State* City* Malayaia <	No	Identi	fication Type	Identifica	ion No
Date of Birth* Rac* Jur012006 Chinese Gorder* Chinese Fremade Cocupation* Gerk Chinese Gerk Gerk Gerk Gerk Girk Gerk Gerk Girk Gerk Gerk Girk Gerk	1	New IC No.			5398
Jun-01-2006 Chinese Lat-56 Gender: Lat-56 Ge	Date of Birth*	,	tace*		
Gender* Female* Male State* City* Postcode* Wilayah Persekutuan Kuala Lumpur KUALA LUMPUR Soudowneeting Mobile No. 0384903300 Email Address Nationality* Cituaggmail.com Malaysia	Jun-01-2006		Chinese	~	
Gender Uccupation Female Clerk Male Group of the dest of the d	202110617	o	2021/06/28		
Male Female State* City* Postode* Wlayah Persekutuan Kuala Lumpur KUALA LUMPUR Soooo House Telephone No Mobile No. 0384909300 Email Address Nationality* drua@gmail.com	Female O. 10-24	~	clerk 68.0.10		
Female State* City* Wilayah Persekutuan Kuala Lumpur KUALA LUMPUR Soooo House Telephone No Mobile No. 0384909300 Email Address chua@gmail.com Malaysia	Male				
State* City* Wilayah Persekutuan Kuala Lumpur KUALA LUMPUR House Telephone No Mobile No. 0384909300	Female				
State* City* Postcode* Wilayah Persekutuan Kuala Lumpur KUALA LUMPUR 50000 House Telephone No Mobile No. @384909300					
Wilayah Persekutuan Kuala Lumpur KUALA LUMPUR KUALA LUMPUR Mobile No. 0384909300 Email Address ktua@gmail.com Malaysia	State*	()	ity*	Postcode*	
House Telephone No Mobile No. 0384909300	Wilayah Persekutuan Kuala L	umpur 🗸	KUALA LUMPUR	∽ 50000	
0384909300 Email Address chua@gmail.com Malaysia	House Telephone No		Mobile No.		
Email Address Nationality* chua@gmail.com Malaysia	0384909300				
chua@gmail.com Malaysia	Freed Address		Malia - 124. *		
enané@monecom	chua@gmail.com		Nationality *		
	and griding off		пицули		

LANGKAH 11:

Pilih Jantina



1 New IC No. 45398 Date of Birth* Race* Jun 01.2006 Chinese Jun 01.2006 Chinese Gender* Docupation* Female: Clerk Address* Computer Market JUN BANDAR/CECIL Clerk State* City*	No	Ide	ntification Type		Identification No
Date of Birth* Race* Jun-01-2006 Chinese Jun-01-2006 Chinese Gender* Occupation* Female* Occupation* Gender* Occupation* Jun-01-2001/00/18 Clerk Gender* Occupation* Jun-01-2001/00/18 Clerk Jun-01-2001/00/18 Clerk Jun-01-2001/00/19 Clerk	1	New IC No.			45398
Jun-01-2006 Chinese 14:58 Gender* Occupation* Occupation* Female: 0:00000000000000000000000000000000000	Date of Birth*		Race*		
Gender* Occupation* Occupation* Fender* derk	Jun-01-2006		Chinese	× 14:58 ×	
Gender* Occupation* Females Or Panales Or Address* International Panal JLN BANDAR/CECIL Gate* State* City* Postcode*	2021/06		021106		
Address* JUN BANDAR/CECIL (0014) (001	Gender*	~	Occupation*		
Address* JLN BANDAR/CECIL (10101-1) (10101-1) (10101-1) State* City* Postcode*	19)192- 19)192-		(809)192-10-		
JUN BANDAR/CECIL I/OP State* City* Postcode*	Address*				
State" City" Postcode"	JLN BANDAR/CECIL				
	State*		City*		Postcode*
Wilayah Persekutuan Kuala Lumpur 🗸 KUALA LUMPUR 50000	Wilayah Persekutuan Kual	a Lumpur 🗸 🗸	KUALA LUMPUR	~	50000
Henry Televisor No.	038490			MODILE NO.	
House Telephone No Mobile No.					
House Telephone No Mobile No.	Email Address			Nationality *	
House Telephone No Mobile No. 0384901 Email Address Nationality*				Malauria	

LANGKAH 12:

Masukkan Pekerjaan



	Name*					
	LIEW SOOK CHIN					
	No	Iden	ntification Type		Identification No	
	1 New IC No.				45398	
	Date of Birth*		Race*			
	Jun-01-2006		Chinese	-15:00 ·	108 15:00	
	2021/061		2021/06			
	Gender*		Occupation*			
	Female	~	clerk 160'			
Distance -	Address*					
51.0221.20m	JUN BANDAR/CECIL					
\$**						
	State*		City*		Postcode*	
	Wilayah Persekutuan Kuala	Lumpur 🗸	KUALA LUMPUR	`	. 50000	
	House Telephone No		Mobile No.			
	038490					
	Email Address			Nationality *		
	chua@			Malaysia		`
					RESET SAVE	

LANGKAH 13:

- Masukkan Alamat
- Pilih Negeri
- Pilih Bandar
- Pilih Poskod
- Masukkan No. Telefon Rumah
- Masukkan No. Telefon Bimbit
- Masukkan Alamat E mel
- Pilih Kewarnegaraan



Butiran Majikan

History Claim's Listing				
😫 Submit Claim Notice 🛛 🖌				
	🚔 Employer Information			
	Employer Code	E	mployer Name	
	A3100004132W		CIMB BANK BERHAD	
	Business Entity	Sub-Business Entity		Sub-Business Entity List
	Corporation	Berhad 2021/06/20		
	Service Type	Industry Code, 68.0.110-5-		Sub-Industry Code List.8. 0.110
	CO Non-Professional Bodies	64/0)192.		FINANCIAL SERVICE ACTIVITIES, EXCEPT INSURANCE/TAKAFUL AND PENS
fidtal.ates	Address* fid ^{tral, a}			
	JLN BANDAR/CECIL			
	State *	City *		Postcode *
	Wilayah Persekutuan Kuala Lumpur 🗸	WANGSA MAJU	~	51050
	Telephone No. *	F	ax No.	
	194780543			
	Email Address *			
	norashikin@yahoo.com			
				RESET SAVE

LANGKAH 14:

- Masukkan Alamat
- Pilih Negeri
- Pilih Bandar
- Pilih Poskod
- Masukkan No. Telefon
- Masukkan No. Fax
- Masukkan Alamat E mel
- Pilih Kewarnegaraan



Butiran Kemalangan

Date of Death				
Dec-01-2020				
Accident Date *		Accident Time *		
		03:39 pm	**	
Place of Accident *		When the accident happen? *		
Inside Employer Premise	~	While working	~	
How the Accident Happened? *				
0.110-20				0.110-20-
			6	
	Fidzar		- Feli	
injury bescription				
			© jį	
Is Accident Date a Working Day for the Insured Person *			0	
Is Accident Date a Working Day for the Insured Person *		Ending Time of Work on The Accident Day •	0	
Is Accident Date a Working Day for the Insured Person * Yes No Start Working Time on Accident Day * 03:39 pm	*	Ending Time of Work on The Accident Day *	© //	
Is Accident Date a Working Day for the Insured Person * • Yes O No Start Working Time on Accident Day * 03:39 pm Name of Witness (If any)	*	Ending Time of Work on The Accident Day * 03:39 pm	© //	Witness Phone No
Is Accident Date a Working Day for the Insured Person * • Yes O No Start Working Time on Accident Day * 03:39 pm Name of Witness (if any)	m	Ending Time of Work on The Accident Day * 03:39 pm	•	Witness Phone No
Is Accident Date a Working Day for the Insured Person * Pres ONo Start Working Time on Accident Day * O3:39 pm Name of Witness (if any) Name and Address of Clinic Which Provides First Treatment	*	Ending Time of Work on The Accident Day * 03:39 pm	© //	Witness Phone No
Is Accident Date a Working Day for the Insured Person * Pyes O No Start Working Time on Accident Day * O3:39 pm Name of Witness (if any) Name and Address of Clinic Which Provides First Treatment	ŝ	Ending Time of Work on The Accident Day * 03:39 pm	C H	Witness Phone No
Is Accident Date a Working Day for the Insured Person * Pyres O No Start Working Time on Accident Day * O3:39 pm Name of Witness (If any) Name and Address of Clinic Which Provides First Treatment	<u>ش</u>	Ending Time of Work on The Accident Day • 03:39 pm	C /	Witness Phone No
Is Accident Date a Working Day for the Insured Person * Pres No Start Working Time on Accident Day * O3:39 pm Name of Witness (If any) Name and Address of Clinic Which Provides First Treatment	8	Ending Time of Work on The Accident Day • 03:39 pm	e li	Witness Phone No
Is Accident Date a Working Day for the Insured Person * Yes No Start Working Time on Accident Day * O3:39 pm Name of Witness (If any) Name and Address of Clinic Which Provides First Treatment	8	Ending Time of Work on The Accident Day * 03:39 pm		Witness Phone No

LANGKAH 15:

- Masukkan Tarikh Kemalangan
- Masukkan Masa Kemalangan
- Pilih Tempat Kemalangan
- Pilih Bila Kemalangan Berlaku
- Nyatakan Bagaimana Kemalangan Berlaku
- Nyatakan Perihal Kecederaan
- Pilih "Yes" atau "No" Pada Hari Kemalangan Adalah Hari Bekerja Orang Berinsurans



Butiran Kemalangan

Date of Death Dec 01:2020 Accident Date * Cacident Date * Cacident * Where the accident happen? * While working W					
Date of Dath Dec of 2020 Accident Time * BS39 pm Place of Accident * When the accident happen? * White working India Finder Employee Premise White working the finder Employee Premise White working India Finder Employee Premise White working Day for the Insured Person* Yes No Set Working Time on Accident Day* Ending Time of Work on The Accident Day* Witness Phone No					
Accident Date Accident Time* Isade Employee Premise When the accident Tappend?* When working The work accident Tappend?* Isade Employee Premise Isade multiple Isade multiple The work accident Tappend?* Isade multiple Isade multiple The work accident Tappend?* Isade multiple Isade multiple The work accident Tappend?* Isade multiple Isade multiple Isade multiple Isade multiple The oth accident Tay: The oth accident Tay:<	Date of Death				
Accident Date * Accident Time * Brace of Accident * Place of Accident * Place of Accident * Place of Accident # Place of Accident	Dec-01-2020				
Place of Accident * Place of Accident * Inside Employer Premise Inside Employer Pre	Accident Date *		Accident Time *		
Place of Accident * Inside Employer Premise Inside Em			03:39 pm	Ê	
Indide Employer Premise How the Accident Happened?* How the Accident Happened?* How the Accident Happened?* Injury Description * Is Accident Date a Working Day for the Insured Person* • Yes O No Start Working Time on Accident Day* Balage m Name of Witness (If any) Witness Phone No	Place of Accident *		When the accident happen? *		
How the Accident Happened?* How the Accident Happened?* Injury Description * Future and and and a working Day for the Insured Person * Is Accident Date a Working Tane on Accident Day* Start Working Time on Accident Day* Data of Witness (If any) Witness Phone No	Inside Employer Premise	~	While working	~	
Injury Description *	How the Accident Happened? *				
Injury Description* Injury Description* Is Accident Date a Working Day for the Insured Person* Is Accident Date a Working Time on Accident Day* Start Working Time on Accident Day* Disag pm Name of Witness (if any) Mitness Phone No	0.110-2022				
Injury Description* Injury Description* Is Accident Date a Working Day for the Insured Person* Is Accident Date a Working Time on Accident Day* Data Witness Phone No	02.168.0				
Injury Description* Injury Description* Is Accident Date a Working Day for the Insured Person* Is Accident Date a Working Time on Accident Day* Ending Time of Work on The Accident Day* O3:39 pm Name of Witness (If any) Witness Phone No	TEQUE.				
Injury Description* Injury Description* Is Accident Date a Working Day for the Insured Person* To Start Working Time on Accident Day* Ending Time of Work on The Accident Day* O 3.39 pm O 3.39 pm Witness Phone No				G	
Is Accident Date a Working Day for the Insured Person * • Yes O No Start Working Time on Accident Day * o3.39 pm Mame of Witness (If any) Witness Phone No	Injury Description *				
© Is Accident Date a Working Day for the Insured Person *					
Is Accident Date a Working Day for the Insured Person * • Yes O No Start Working Time on Accident Day * o3.39 pm Mame of Witness (if any) Witness Phone No					
S Accident Date a Working Day for the Insured Person *					
Is Accident Date a Working Day for the Insured Person *					
Is Accident Date a Working Day for the Insured Person * Yes No Ending Time of Work on The Accident Day * O3:39 pm O3				G	
Ending Time of Work on The Accident Day * 03:39 pm Name of Witness (if any) Witness Phone No				6	
Start Working Time on Accident Day* Ending Time of Work on The Accident Day* 03:39 pm Image: Constraint of Work on The Accident Day* Name of Witness (if any) Image: Constraint of Witness Phone No	Is Accident Date a Working Day for the Insured Pe	erson *		6	
03:39 pm 03:39 pm Name of Witness (if any) Witness Phone No	Is Accident Date a Working Day for the Insured Pe Yes O No	erson *		6	
Name of Witness (if any) Witness Phone No	Is Accident Date a Working Day for the Insured Pe Yes No Start Working Time on Accident Day *	erson *	Ending Time of Work on The Accident Day *	G	
	Is Accident Date a Working Day for the Insured Pe Yes O No Start Working Time on Accident Day * 03:39 pm	arson •	Ending Time of Work on The Accident Day * 03:39 pm	G //	
	Is Accident Date a Working Day for the Insured Pe Yes O No Start Working Time on Accident Day* 03:39 pm Name of Witness (if any)	erson *	Ending Time of Work on The Accident Day * 03:39 pm	C Wi	itness Phone No
	Is Accident Date a Working Day for the Insured Pe ● Yes ○ No Start Working Time on Accident Day* 03:39 pm Name of Witness (if any) Name and Address of Clinic Which Provides First	rrson *	Ending Time of Work on The Accident Day * 03:39 pm	© //	itness Phone No
	Is Accident Date a Working Day for the Insured Pe Yes O No Start Working Time on Accident Day* 03:39 pm Name of Witness (if any) Name and Address of Clinic Which Provides First	rrson *	Ending Time of Work on The Accident Day * 03:39 pm	© Wi	itness Phone No
	Is Accident Date a Working Day for the Insured Pe Ves ONO Start Working Time on Accident Day* 03:39 pm Name of Witness (if any) Name and Address of Clinic Which Provides First	erson *	Ending Time of Work on The Accident Day * 03:39 pm	© Wi	itness Phone No
	Is Accident Date a Working Day for the Insured Pe Yes No Start Working Time on Accident Day* 03:39 pm Name of Witness (if any) Name and Address of Clinic Which Provides First	erson *	Ending Time of Work on The Accident Day * 03:39 pm	© Wi	itness Phone No
	Is Accident Date a Working Day for the Insured Pe • Yes O No Start Working Time on Accident Day* 03:39 pm Name of Witness (if any) Name and Address of Clinic Which Provides First*	erson *	Ending Time of Work on The Accident Day * 03:39 pm	© Wi	itness Phone No
	Is Accident Date a Working Day for the Insured Pe Yes ONO Start Working Time on Accident Day* 03:39 pm Name of Witness (If any) Name and Address of Clinic Which Provides First	erson *	Ending Time of Work on The Accident Day * 03:39 pm	C WI	itness Phone No
	Is Accident Date a Working Day for the Insured Pe • Yes O No Start Working Time on Accident Day* 03:39 pm Name of Witness (If any) Name and Address of Clinic Which Provides First	erson *	Ending Time of Work on The Accident Day * 03:39 pm	C WI	itness Phone No

LANGKAH 16:

- Pilih Waktu Mula Kerja Pada Hari Kemalangan
- Pilih Waktu Tamat Kerja Pada Hari Kemalangan
- Nyatakan Nama Saksi (Sekiranya Ada)
- Nyatakan No. Telefon Saksi



Butiran Sijil Perubatan



LANGKAH 17:

- Pilih Jenis MC
- Pilih Tarikh Bermula
- Pilih Tarikh Terakhir
- Nyatakan Nama Klinik/Hospital



Butiran Gaji

		🤞 Wages In	formation				
		Employer Code	2	A3100004132W		Employer Name	CIMB BANK BERHAD
		Employment Start Date		Apr-01-2012		Employment End Date	
	Do wages Paid on the Day of Accident? *		on the Day of	● Yes ○ No			
		Details of Wag	es for the period of 6 co	nsecutive months before the month of MC/N	otice date*		
		No		Year		Month	Wages (RM)
		1	2020		10,68.0.110		
and the second		2	2020	otmadPO	09		
fideal.au		3	2020		08		
		4	2020		07		
		5	2020		06		
		6	2020		05		
							REDET SAVE

LANGKAH 18:

Pilih "Yes" atau "No" Adakah Gaji Dibayar Pada Hari Kemalangan
 Masukkan Gaji Pada Bulan dan Tahun Yang Tertera.



Butiran Pejabat PERKESO

SOCSO Office		
State *	Preferred SOCSO Office *	
Wilayah Persekutuan Kuala Lumpur	✓ Pejabat PERKESO Negeri W.P Kuala Lumpur	~

LANGKAH 19:Pilih NegeriPilih Pilihan Pejabat PERKESO



Butiran Pengesahan Majikan

Name *	
Designation *	
Data	

LANGKAH 20:

Masukkan Nama

Masukkan Jawatan



Butiran Bank

	m Bank Information	
	Recipient Name	
	Identification Type	Identification No
	New IC No.	
	Account No. * Yes ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
i ataaatu	Bank Location (0 - 20 Local Bank MP192	
fiddar.	EFT (10 ^{1/31)}	Fidda.
	BANK SIMPANAN NASIONAL	Saving
	Bank Account No."	Bank Branch*
	Bank Account Status*	
	Active	
		RESET SAVE

LANGKAH 21:

- Masukkan Nama
- Dilih Jenis Pengenalan Diri:
 - No. Kad Pengenalan Baru;
 - No. Kad Pengenalan Lama;
 - No. Polis;
 - No. Tentera.
- Masukkan No. Pengenalan Diri
- Pilih No. Akaun
- Pilih Lokasi Bank
- Pilih Nama Bank



Butiran Bank

	Identification Type	Identification No
	New IC No.	•
	Account No. * Yes	
North	Bank Location 0	• <u>110⁻²</u>
fidral, ar	EFT (idtal).a.	
	Bank Name*	Bank Account Type*
	BANK SIMPANAN NASIONAL	✓ Saving
	Bank Account No.*	Bank Branch*
	Bank Account Status*	
	Active	\checkmark

LANGKAH 22:

- Pilih Cara Bayaran
- Pilih Nama Bank
- Pilih Jenis Akaun Bank
- Pilih Status Akaun Bank



Butiran Dokumen Sokongan

62.162.0110.2021011.	AL ADDREESTING . 168.0.110.2021/01/
ر بر مربع مربع (برم	al administration and a second
	AL MARTERIA
~	
	NOTE :
	* Mandatory to upload certificate if MC / Light Duty information is filled.
	* Mandatory to upload Bank Account Verification Letter if Bank information is filled.
	* Section J (Form 34) must be completed by the claimant.
Browse	
	Brownes

LANGKAH 23:

- **D** Pilih Dokumen
- Dilih Jenis Dokumen "Asal" atau "Salinan"
- Muat Naik Dokumen



Penanda Butiran Telah Lengkap



Nota: Sekiranya semua butiran telah dilengkapkan tekan butang "Submit" dan proses tuntutan selesai.



SEBARANG PERTANYAAN & ADUAN SILA HUBUNGI:

PERTUBUHAN KESELAMATAN SOSIAL

Talian Khidmat Pelanggan: 1 300 22 8000

Emel : <u>perkeso@perkeso.gov.my</u> Web : <u>www.perkeso.gov.my</u>

NOTIS KEMALANGAN



MANUAL PENGGUNA PORTAL PERMOHONAN FAEDAH

NOTIS KEMATIAN

1



TABLE OF CONTENT

PERKARA

Latar Belakang
Skrin Sign In
Skrin Info
Skrin Sejarah Senarai Tuntutan
Skrin Pemilihan Permohonan
Skrin Pra Pendaftaran Notis Kematian
Skrin Tuntutan Notis Kematian

MUKASURAT

3

4

5

6

7

8-14

15-36



Pengenalan

Manual pengguna ini adalah bertujuan sebagai panduan kepada majikan untuk memahami dengan lebih lanjut berkenaan langkahlangkah yang betul bagi melengkapkan setiap permohonan.

Sebagai makluman majikan, Portal Permohonan Faedah PERKESO berfungsi selaku platform penghantaran Borang Tuntutan Skim-Skim PERKESO yang meliputi beberapa faedah seperti Notis Kemalangan, Notis Penyakit Khidmat dan Notis Kematian.

Semoga inisiatif ini bakal memberikan manfaat kepada majikan dan pekerja di dalam memastikan pemprosesan dan penerimaan hak-hak keselamatan sosial yang disediakan oleh PERKESO dapat dilaksanakan dengan segera, komprehensif dan efisien.

PERKESO Itu Prihatin, Prihatin Itu PERKESO



SKRIN SIGN IN



LANGKAH 1:

Masukkan emel dan kata laluan majikan untuk mengakses ke dalam portal.

*Nota

ID Pengguna dan Kata Laluan portal adalah sama seperti akses di dalam Portal ASSIST PERKESO



SKRIN INFO



Paparan Skrin Muka Hadapan:

Informasi mengenai Kemalangan, Kematian dan Penyakit Khidmat di bawah Skim Bencana Pekerjaan.



SKRIN SEJARAH SENARAI TUNTUTAN

☆ Home	History Claim's Listing						
History Claim's Listing Submit Claim Notice	Show 10 ¢ entries					Searc	n:
	Notice Type ↑↓	Employee Identification No 🙌	Employee Name 🗠	Accident Date 🗠	Accident Time 🔹 🖘	Status 😮 🗠	Action
	Death	5398	LIEW SOOK CHIN	November-20-2020	03:39 PM	Inprogress	
	Occupational Disease	5398	LIEW SOOK CHIN			Submitted	G
-: 1122 . 21002	Showing 1 to 2 of 2 entries						Previous 1 Next
h.							
	Copyright © 2021 BARISTA PERKESO . All rights reserv	red.					Version 1.0.0

Menu Sejarah Tuntutan:

- Pilih menu "History Claim's Notice" untuk melihat senarai tuntutan yang pernah dilakukan oleh majikan;
- Tekan butang 'action' untuk melihat paparan butiran maklumat penghantaran yang telah dilakukan


SKRIN PILIHAN PERMOHONAN

A Home	History Claim's Listing						
Submit Claim Notice	Show 10 🜩 entries					Searcl	h:
Accident	Notice Type 🔹	Employee Identification No 🙌	Employee Name 🗠	Accident Date 🗠	Accident Time 🙌	Status 😮 🛛 🗠	Action
♥ Death	Death	5398	LIEW SOOK CHIN	November-20-2020	03:39 PM	Inprogress	
	Occupational Disease	5398	LIEW SOOK CHIN			Submitted	G
1221-22 ¹⁰ 2	CROPTIOL: Showing 1 to 2 of 2 entries						Previous 1 Next
ficu.							
	Copyright © 2021 BARISTA PERKESO . All rights reserv	ed.					Version 1.0.0

LANGKAH 2:

- Dilih menu 'Submit Claim Notice'
- Death' untuk skrin seterusnya,



Pre Registration	
NOTE : 1) The application must be submitt 2) Claims processing is only done d	nitted over the counter or post if the employee is not registered to the SOCSO. e during operating hours. Click here for details.
.05 16 ³⁰	
Insured Person & Employer Registration Status	Stallar"
Employer Code*	168.1.100 (68.1.100
B3400021195W	
Notice Type	
Death Notice	
Is Insured Person Still in Employment?*	Is the Death due to Accident? *
Please Choose	✓ Please Choose ✓
Identification Type *	Identification No *
Please Choose	•
Search Cancel	

LANGKAH 3:

Masukkan pilihan-pilihan yang telah diberi.



😤 Home	Death Notice		
History Claim's Listing Submit Claim Notice	Pre Registration		
🍋 Accident			
La Occupational Disease ♥ Death	9.110-2021/00/28 13:11	NOTE : 1) The application must be submitted over the counter or 2) Claims processing is only done during operating hours.	post if the employee is not registered to the SOCSO. Click here for details. DS 15 11 DS 15 11 DS 15 11 DS 15 11 DS 10 10 10 10 10 10 10 10 10 10 10 10 10
Hidani, adala	Insured Person & Employer Registration Status Employer Code* A3100004132W	fideal administration	F. dral. almond and a second second
	Notice Type Death Notice		
	Is Insured Person Still in Employment?*		Is the Death due to Accident? *
	Please Choose	~	Please Choose 🗸
	Please Choose		Manufferding No. 4
	Yes		Identification No ~
	No		
	Search Cancel		

LANGKAH 4:

Pilih "Yes" atau "No" untuk soalan "Is Insured Person Still In Employment".



😤 Home	Death Notice		
 History Claim's Listing Submit Claim Notice 	Pre Registration		
Accident			
a Occupational Disease			
♥ Death	0.114-2021/06/28 13:12	NOTE : 1) The application must be submitted over the counter or 2) Claims processing is only done during operating hours.	Sout if the employee is not registered to the SOCSO. Click here for details.
	Insured Person & Employer Registration Status	and the second second	and Section 1
1. alla?	Employer Code*		
Si GRAN	A3100004132W		
	Notice Type		
	Death Notice		
	Is Insured Person Still in Employment?*		Is the Death due to Accident? *
	Please Choose	~	Please Choose 🗸
	Identification Type *		Please Choose
	Please Choose	~	Yes No.
	Search Cancel		

LANGKAH 5:

Pilih "Yes" atau "No" untuk soalan "Is Death Due To Accident"



🍋 Accident				1
▲ Occupational Disease ♥ Death		NOTE : 1) The application must be submitted over the counter or 2) Claims processing is only done during operating hours.	post if the employee is not registered to the SOCSO. Click here for details.	
	Insured Person & Employer Registration Status			
	Employer Code*	do.	13 1316	
	A3100004132W			
	W ^{PO} Please Choose	-state Product Of Lo	-mad (PO) 192.10	
fideal.an	New IC No.		hand.a.	
	Old IC No.		Please Choose V	
	Army No.		Identification No *	
	Please Choose	~		
	Search Cancel			
				ł
	Copyright © 2021 BARISTA PERKESO . All rights reserved.		Version 1.0.0	1

LANGKAH 6:

Pilih Jenis Pengenalan Diri: No. Kad Pengenalan Baru; No. Kad Pengenalan Lama; No. Polis;

No. Tentera.



🍋 Accident				
La Occupational Disease ♥ Death		NOTE : 1) The application must be submitted over the counter or p 2) Claims processing is only done during operating hours. C	ost if the employee is not registered to the SOCSO. lick here for details.	
	Insured Person & Employer Registration Status Employer Code* A3100004132W, AM, MD, MD, MD, MD, MD, MD, MD, MD, MD, M	0.202106	18 17 ¹⁰	1-2014/100/28 13:19
5300 ³ -8 ³⁰⁰	Notice Type Death Notice			
	Is Insured Person Still in Employment?*		Is the Death due to Accident? *	
	Please Choose	~	Please Choose	~
	Identification Type *		Identification No *	
	Please Choose	~		
	Search Cancel			
	Copyright © 2021 BARISTA PERKESO , All rights reserved.			Version 1.0.0

LANGKAH 7:

Masukkan nombor Pengenalan Diri dan seterusnya tekan butang "Search"



		NOTE: The application must be submitted over the counter or post if the employee is not registered to the SOCSO. Claims processing is only done during operating hours. Click here for details. 	
	Insured Person & Employer Registration Status	s	
	Employer Code*		
	A3100004132W		
	Notice Type		
	Death Notice		
	809)192.10c	. 009/192.10°	
al alter	Ves	Sthe Death due to Accident?*	
El Or		fill fill	
	Identification Type *	Identification No *	
	New IC No.	✓ 5527	
	Cancel		
	Search Result		
	Record Not Found		
	Copyright © 2021 BARISTA PERKESO . All rights reserved.		

LANGKAH 8:

Nota: Sekiranya keputusan carian adalah "Record Not Found" majikan hendaklah mengemukakan tuntutan secara manual ke Pejabat PERKESO yang berhampiran.



	dentification Type *	Identification No *
	New IC No.	911208145848
	Cancel	
	Search Result	19:50 en 19:50
	Iotice Type	
	n 16 ^{8,01} nsured Person Name	
Fidzal. atmadu	'AIN NADIA BINTI NORAZLAN	
	dentification Type	Identification No.
	New IC No.	5848
	mployer Code	Employer Name
	A3100004132W	CIMB BANK BERHAD
	Proceed	

LANGKAH 9:

Nota: Sekiranya keputusan carian adalah berjaya tekan butang "Proceed" untuk ke menu seterusnya





LANGKAH 10:

Pilih Butiran Orang Berinsurans



	Name*					
	'AIN NADIA BINTI NORAZLAN					
	No	Ider	tification Type		Identification No	
	1	New IC No.			5848	
	Date of Birth*		Race*			
		× × 3)	Please Choose	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	Gender* 2021/06		Occupation*			
	Females.	~	(8.0.110° 2°			
1. 2002	Address*					
FIGRA						
	State*		City*		Postcode*	
	Please Choose	~	Please Choose	~		
	Hause Telephone No.			Makila Na		
	House relephone No			MODILE NO.		
	Email Address			Nationality *		
				Please Choose	~	
					RESET SAVE	

LANGKAH 11:

Masukkan Tarikh Lahir



Name*			
LIEW SOOK CHIN			
No	Iden	tification Type	Identification No
1	New IC No.		5398
Data of Right		Decet	
Jup-01-2006		Chinaca	
06		Disease Changes	106/28 14-5
Gender* 10-202110*		10-20210-	10-2021/0-
Female	~	Malay 0.13	0.168.0.1
11209)192		Chinese	1800)192.
Address*		Indian	(a). almac
JLN BANDAR/CECIL		Bumiputera Sabah	(Jon
State*		Bumiputera Sarawak	Postcode*
Wilayah Persekutuan Kuala	Lumpur 🗸	Others	50000
Hanna Talashana Na			
		Mobile No.	
0304505300			
Email Address		Nationality *	
chua@gmail.com		Malaysia	

LANGKAH 12:

Pilih Bangsa



	Name*						-
	LIEW SOOK CHIN						
	No	Ide	ntification Type		Ide	ntification No	
	1	New IC No.				5398	
	Data of Binkt		Parat				
	Date of birth"		Race				
	Jun-01-2006		Chinese		*		
	Gender* 10-2021/00		Occupation*				
	Female	~	clerk 168.0.1				
	Male						
. 1721. 2111. 21	Female	sale -					
U.C.		€ ^{re}					
	State*		City*		Postcode*		
	Wilayah Persekutuan Kuala	Lumpur 🗸	KUALA LUMPUR		∽ 50000		
	House Telephone No			Mobile No.			
	0384909300						
	Email Address			Nationality *			
	chua@gmail.com			Malayeia			
	chua@gmail.com			тагаузга			
						DESET SAVE	
						ALCE SAVE	•

LANGKAH 13:

Pilih Jantina



No	Ider	ntification Type		Identification No
1	New IC No.			45398
Date of Birth*		Race*		
Jun-01-2006		Chinese	× 14:58 ×	
Gender*		Occupation*		8.0.110-20-
D) D	~	стекк 160.		
Address*				
JLN BANDAR/CECIL				
State*		City*		Postcode*
Wilayah Persekutuan Kuala	Lumpur 🗸	KUALA LUMPUR	~	50000
Haves Talankana Na			Makila Na	
038490			MODILE NO.	
Email Address			Nationality *	
chuc@gmoil.com			Malaysia	

LANGKAH 14:

Masukkan Pekerjaan



No Identification Type Identification No 1 New IC No. 45398 Date of Birth* Race* Jun-01-2006 Chinese 5:00 Gender* Occupation* Occupation* Female: Occupation* 4500	Name*					
No Identification Type Identification No 1 New IC No. 45398 Date of Birth* Race* Jun 01-2006 5:10 Chinese Jun 02-2006 5:10 Chinese Gender* Occupation* Occupation* Female: Cocupation* Chinese Jun 03-2006 Gender* Occupation* Jun 04-2006 Gender* Occupation*	LIEW SOOK CHIN					
1 New IC No. 45398 Date of Birth* Race* Image: Chinese String Chinese String String <th cold<="" th="" th<=""><th>No</th><th colspan="2">Identification Type</th><th></th><th>Identification No</th></th>	<th>No</th> <th colspan="2">Identification Type</th> <th></th> <th>Identification No</th>	No	Identification Type			Identification No
Date of Birth* Race* Jun-01-2006 Chinese	1	New IC No.			45398	
Jun-01-2006 Chinese 5:00 Gender* Occupation* Occupation* 000000000000000000000000000000000000	Date of Birth*		Race*			
Gender* Occupation* Female: 0.110-2021/06/28 Female: 0.110-2021/06/28 OP22- Address* JLN BANDAR/CECIL	Jun-01-2006		Chinese	15:00		
Gener Occupation Female: 0 Female: 0 Address* 0 JLN BANDAR/CECIL Foldat	2021/06/2		2021/06/			
Address* JLN BANDAR/CECIL (1dtal. adm/df/09) 192. 1 (1dtal. adm/df/09) 192. 1	Females.	~	clerk 168.0.10			
Address*	09)192.1					
JEN BANDAR/CECIE	Address*					
	JEN BANDAR/CECIL					
State* City* Postcode*	State*		City*		Postcode*	
	House Telephone No			Mobile No.		
House Telephone No Mobile No.	038490					
House Telephone No Mobile No.	Email Address			Nationality *		
House Telephone No Mobile No. 038490 Mobile No. Email Address Nationality*	Eman Address					

LANGKAH 15:

- Masukkan Alamat
- Pilih Negeri
- Pilih Bandar
- Pilih Poskod
- Masukkan No. Telefon Rumah
- Masukkan No. Telefon Bimbit
- Masukkan Alamat E mel
- Pilih Kewarnegaraan



Butiran Majikan

Employer Information		
Employer Code	Employer	Name
A3100004132W	CIMB BA	INK BERHAD
Business Entity	Sub-Business Entity	Sub-Business Entity List
Corporation	Berhad	
Service Type	Industry Code, 68.0.110-20	Sub-Industry Code List (8-0-110- 44
Roo Non-Professional Bodies	64,09)192.	FINANCIAL SERVICE ACTIVITIES, EXCEPT INSURANCE/TAKAFUL AND P
Address*		
JLN BANDAR/CECIL		
State *	City *	Postcode *
Wilayah Persekutuan Kuala Lumpur	✓ WANGSA MAJU	♥ 51050
Telephone No. *	Fax No.	
194780543		
Email Address *		
norashikin@yahoo.com		
		DESET SAVE
	Employer Information Employer Code A3100004132W Business Entity Corporation Service Type UNDAPPORESIONAL Bodies Address* UN BANDAR/CECIL State * Wilayah Persekutuan Kuala Lumpur Telephone No. * 194780543 Email Address * norashikin@yahoo.com	Employer Information Employer Code Employer Astonoo4132W CLMB Balances Entity CLMB Balances Entity Business Entity Sub-Business Entity Sub-Sub-Business Entity Corporation Berhad Berhad Service Type Industry Code Sub-Multiple Balance Address* Gurst Multiple Balance Balance JUL BANDAR/CECIL Etail City* Viayash Persekutuan Kuala Lumpur WANGSA MAUU Fax No. 194780543 Email Address* Entitikin@yahoo.com

LANGKAH 16:

- Masukkan Alamat
- Pilih Negeri
- Pilih Bandar
- Pilih Poskod
- Masukkan No. Telefon
- Masukkan No. Fax
- Masukkan Alamat E mel
- Pilih Kewarnegaraan



Butiran Kematian



LANGKAH 17:

- Masukkan Tarikh Mati
- Masukkan Sebab Kematian
- Pilih Status Perkahwinan



Butiran Kemalangan

Date of Death				
Dec-01-2020				
Accident Date *	Accid	cident Time *		
	03:	03:39 pm	**	
Place of Accident *	When	hen the accident happen? *		
Inside Employer Premise	~ Wi	While working	~	
How the Accident Happened? *				
			G Kal. abmadt	
Injury Description *			Critical and and a	
Injury Description •			Contraction of the second seco	
Injury Description •			C	
Injury Description *	Endin	ding Time of Work on The Accident Day *	Catril. Anader	
Injury Description * Is Accident Date a Working Day for the Insured Person * Yes O No Start Working Time on Accident Day * 03:39 pm	Endia	ding Time of Work on The Accident Day * 33:39 pm	Catal Annadar	

LANGKAH 18:

- Masukkan Tarikh Kemalangan
- Masukkan Masa Kemalangan
- Pilih Tempat Kemalangan
- Pilih Bila Kemalangan Berlaku
- Nyatakan Bagaimana Kemalangan Berlaku
- Nyatakan Perihal Kecederaan
- Pilih "Yes" atau "No" Pada Hari Kemalangan Adalah Hari Bekerja Orang Berinsurans



Butiran Kemalangan

Date of Desth Dec 40 2020 Accident Date *		
Decentration Recident Date * Accident Date * Place of Accident * When the accident happen? * India Employeer Premise Decentration De		
Acident Date * Acident Time * Bacad Acident * Unlike working While working While working Wile working Now the Accident Happend?* India working Day for the Insured Person* * Yes O No Start Working Time on Accident Day* Ending Time of Work on The Accident Day* Name and Address of Clinic Which Provides First Treatment		
Acident Date* Acident Time* Place of Acident* When the acident happen?* Index Employee Premise While working White working White working How the Acident Happen?* Index Employee Premise White working How the Acident Happen?* Index Employee Premise Image: Control of the first firs		
Image: Control of Clinic Which Provides First Treatment	Accident Time *	
Place of Accident * Index Employer Premise How the Accident Happenied?* Import the full amount of t	03:39 pm	
Inside Employer Premise How the Accident Happenid?* Injury Description* Is Accident Date a Working Day for the Insured Person* Iversity Top Control Start Working Time on Accident Day* Id 339 pm Mame of Witness (if any) Witness Phone No Name and Address of Clinic Which Provides First Treatment	When the accident happen? *	
How the Accident Happened?*	→ 6:01	
Injury Description * Injury Description * Is Accident Date a Working Day for the Insured Person * Yes O No Start Working Time on Accident Day * Data and Mitness (if any) Name of Witness (if any) Name and Address of Clinic Which Provides First Treatment Name and Address of Clinic Which Provides First Treatment	106/28 *	
Injury Description * Injury Description * Is Accident Date a Working Day for the Insured Person * Yes O No Start Working Time on Accident Day * Data and Address of Clinic Which Provides First Treatment Name and Address of Clinic Which Provides First Treatment		
Injury Description * Injury Description * Is Accident Date a Working Day for the Insured Person * Yes No Start Working Time on Accident Day * Day 0 Start Working Time on Accident Day * Memory Muthess Phone No Name of Witness (If any) Witness Phone No Name and Address of Clinic Which Provides First Treatment		
Injury Description* Injury Description* Is Accident Date a Working Day for the Insured Person* Yes ONO Start Working Time on Accident Day* Date of Wirkess (if any) Name of Wirkess (if any) Name and Address of Clinic Which Provides First Treatment Name and Address of Clinic Which Provides First Treatment		
Injury Description * Is Accident Date a Working Day for the Insured Person * Yes ONO Start Working Time on Accident Day * Dame of Witness (if any) Mame of Witness (if any) Name and Address of Clinic Which Provides First Treatment Name and Address of Clinic Which Provides First Treatment	e dral, allu	
Is Accident Date a Working Day for the Insured Person *		
Is Accident Date a Working Day for the Insured Person * Ves O No Start Working Time on Accident Day * Cotad		
S Accident Date a Working Day for the Insured Person* Yes No Start Working Time on Accident Day* D3:39 pm D3:39 pm Name of Witness (if any) Name and Address of Clinic Which Provides First Treatment		
S Accident Date a Working Day for the Insured Person *		
Stactident Date a Working Day for the Insured Person * Yes Start Working Time on Accident Day * 03:39 pm 03:39 pm Name of Witness (if any) Witness Phone No Name and Address of Clinic Which Provides First Treatment	©	
Yes Start Working Time on Accident Day* 03:39 pm 03:39 pm Name of Witness (if any) Witness Phone No Name and Address of Clinic Which Provides First Treatment	Day for the Insured Person *	
Start Working Time on Accident Day* Ending Time of Work on The Accident Day* 03:39 pm 03:39 pm Name of Witness (if any) Witness Phone No		
03:39 pm 03:39 pm Image: Constraint of Witness (if any) Witness Phone No	dent Day * Ending Time of Work on The Accident Day *	
Name of Witness (if any) Witness Phone No Name and Address of Clinic Which Provides First Treatment	🛍 03:39 pm	
Name and Address of Clinic Which Provides First Treatment	····· •· •·	
Name and Address of Clinic Which Provides First Treatment	Witness Phone No	
	Witness Phone No	
	Witness Phone No Which Provides First Treatment	
	Witness Phone No Which Provides First Treatment	
	Witness Phone No Which Provides First Treatment	
	Which Provides First Treatment	
	Which Provides First Treatment	
	Which Provides First Treatment	
	Which Provides First Treatment	

LANGKAH 18:

- Dilih Waktu Mula Kerja Pada Hari Kemalangan
- Pilih Waktu Tamat Kerja Pada Hari Kemalangan
- Nyatakan Nama Saksi (Sekiranya Ada)
- Nyatakan No. Telefon Saksi



Butiran Sijil Perubatan

Medical Certificate Information		
MC Type *		
Please Choose	~	
Start Date *	End Date *	
(Please insert the start date and last date of the medical certificate/light duty available $\sqrt{8}$	*e.) 	
Clinic/Hospital Name*		
		reset s

LANGKAH 19:

- □ Pilih Jenis MC
- Pilih Tarikh Bermula
- Dilih Tarikh Terakhir
- Nyatakan Nama Klinik/Hospital



Butiran Orang Tanggungan



LANGKAH 20:

- Pilih Butiran Orang Tanggungan Sekiranya Ada.
- Pilih Tambah Orang Tanggungan (untuk masukkan butiran)



Butiran Orang Tanggungan

	Add Dependent Information			•
	Dependent Name *			
	Identification Type * Please Choose	Identification No *		
	Gender *	Date of Birth *	~2812/06/128 16:39	
a ture	Relationship with Insured Person * Properties Choose		amulleph 192.165.0.11	
fitral."	Dependent Status		ital."	
	Demised Date			
	Address			
	State	City	Postcode	
	Please Choose 🗸	Please Choose		¥
	Telephone No.	Mobile No.		
	Email Address			
			RESET	•

LANGKAH 21:

- Masukkan Nama Orang Tanggungan
- Pilih Jenis Pengenalan Diri:
- No. Kad Pengenalan Baru;
- No. Kad Pengenalan Lama;
- No. Polis;
- No. Tentera.
- Masukkan No. Pengenalan Diri
- Pilih Jantina
- Masukkan Tarikh Lahir
- □ Pilih Hubungan Pertalian Dengan Orang Berinsurans

27





Butiran Orang Tanggungan

Identification No* Please Choose Gender * Date of Birth * Please Choose V V V V V V V V V V				
Please Choose Gender* Dete of Birth* Please Choose Please Choose Please Choose Please Choose Dependent Status Image: Ima	Identification Type *	Identification No *		
Gender* Date of Birth * Please Choose Choose Please Choose Choose Please Choose City Postcode Telephone No. Mobile No.	Please Choose	~		
Please Choose • Relationship with Insured Person * • Please Choose • Dependent Status • Please Choose • Demised Date •	Gender*	Date of Birth *		
Please Choose Dependent Status Please Choose Demised Date Address State City Telephone No. Mobile No.	Please Choose	~		
Dependent Status Please Choose Demised Date Address State City Telephone No. Mobile No.	Relationship with Insured Person * Please Choose			
Please Choose Demised Date Address State City Postcode Telephone No. Mobile No.	Dependent Status			
Demised Date Address City Postcode Telephone No. Mobile No.	Please Choose	~		
Address State City Postcode Telephone No. Mobile No.	Demised Date			
Address State City Postcode Telephone No. Mobile No.				
State City Postcode Telephone No. Mobile No.	Address			
State City Postcode Telephone No. Mobile No.				
Telephone No. Mobile No.	State	City	Postcode	
	Telephone No.		Mobile No.	
	Email Audress			

LANGKAH 21:

- Pilih Status Orang Tanggungan
- Pilih Tarikh Kematian (sekiranya ada)
- Nyatakan Alamat
- Pilih Negeri
- Pilih Bandar
- Masukkan Poskod
- Masukkan No. Telefon
- Masukkan No. Telefon Bimbit
- Masukkan Alamat E mel



Butiran Gaji

	🤞 Wages Inf	ormation				
	Employer Code		A3100004132W		Employer Name	CIMB BANK BERHAD
	Employment St	art Date	Apr-01-2012		Employment End Date	•
L	Do wages Paid o Accident? *	on the Day of	● Yes ○ No			
	Details of Wage	s for the period of 6 co	nsecutive months before the month of MC/N	otice date*		
	No		Year		Month	Wages (RM)
	0192.168.0.1	2020		10,68.0.		
sandle v	2	2020		09		
	3	2020		08		
	4	2020		07		
	5	2020		06		

LANGKAH 22:

Pilih "Yes" atau "No" Adakah Gaji Dibayar Pada Hari Kemalangan
 Masukkan Gaji Pada Bulan dan Tahun Yang Tertera.



Butiran Pejabat PERKESO

50CS0 Office		
State *	Preferred SOCSO Office *	

LANGKAH 23:Pilih NegeriPilih Pilihan Pejabat PERKESO



Butiran Pengesahan Majikan

Employer Certification	
Name *	
1	
Designation *	
Date	
	•

LANGKAH 24:

Masukkan Nama

Masukkan Jawatan



Butiran Bank

	Identification Type	Identification No
	New IC No.	✓
- 2001. aller	Account No.* Yes Bank Location 10-2001/06/28 17.14 Locat Bank Locat Bank Payment Method	10-2021/06/28 17:14
22	EFI V	Bank Account Type*
	BANK SIMPANAN NASIONAL	 ✓ Saving
	Bank Account No.*	Bank Branch*
	Bank Account Status*	
	Active	\checkmark

LANGKAH 25:

- Masukkan Nama
- Dilih Jenis Pengenalan Diri:
 - No. Kad Pengenalan Baru;
 - No. Kad Pengenalan Lama;
 - No. Polis;
 - No. Tentera.
- Masukkan No. Pengenalan Diri
- Pilih No. Akaun
- Pilih Lokasi Bank
- Pilih Nama Bank



Butiran Bank

	Identification Type	Identification No
	New IC No.	✓
	Account No. * Yes	28 17:14
	Bank Location of a second seco	<u>→110⁺²</u>
fidzal.e	EFT (idia ^{1, w}	
	Bank Name*	Bank Account Type*
	BANK SIMPANAN NASIONAL	✓ Saving
	Bank Account No.*	Bank Branch*
	Bank Account Status*	
	Active	~

LANGKAH 26:

- Pilih Cara Bayaran
- Pilih Nama Bank
- Pilih Jenis Akaun Bank
- Pilih Status Akaun Bank



Butiran Dokumen Sokongan

Upload Date	Document Type	ded Document
No record of Supporting Document.		
02:168.0.1	50.16 ⁸ .0.*	N.168.0.1
Add Document	and the last	and the first second
Document Description *		
Please Choose	~	
Desument Turnet		NOTE :
Please Choose	~	 Mandatory to upload certificate if MC / Light Duty information is filled.
Upload *		* Mandatory to upload Bank Account Verification Letter if Bank information is filled.
Allow format: pdf,doc,docx,jpg,jpeg,gif,png:5MB		* Section J (Form 34) must be completed by the claimant.
Upload File	Browse	
		1 million 1
Upload		

LANGKAH 27:

- **D** Pilih Dokumen
- Dilih Jenis Dokumen "Asal" atau "Salinan"
- Muat Naik Dokumen



Penanda Butiran Telah Lengkap



Nota: Sekiranya semua butiran telah dilengkapkan tekan butang "Submit" dan proses tuntutan selesai.



SEBARANG PERTANYAAN & ADUAN SILA HUBUNGI:

PERTUBUHAN KESELAMATAN SOSIAL

Talian Khidmat Pelanggan: 1 300 22 8000

Emel : <u>perkeso@perkeso.gov.my</u> Web : <u>www.perkeso.gov.my</u>

NOTIS KEMATIAN



MANUAL PENGGUNA PORTAL PERMOHONAN FAEDAH

NOTIS PENYAKIT KHIDMAT

1



TABLE OF CONTENT

PERKARA

Latar Belakang
Skrin Sign In
Skrin Info
Skrin Sejarah Senarai Tuntutan
Skrin Pemilihan Permohonan
Skrin Pra Pendaftaran
Skrin Tuntutan Notis Penyakit Khidmat

MUKASURAT

3

4

5

6

7

8-12

13-29



Pengenalan

Manual pengguna ini adalah bertujuan sebagai panduan kepada majikan untuk memahami dengan lebih lanjut berkenaan langkahlangkah yang betul bagi melengkapkan setiap permohonan.

Sebagai makluman majikan, Portal Permohonan Faedah PERKESO berfungsi selaku platform penghantaran Borang Tuntutan Skim-Skim PERKESO yang meliputi beberapa faedah seperti Notis Kemalangan, Notis Penyakit Khidmat dan Notis Kematian.

Semoga inisiatif ini bakal memberikan manfaat kepada majikan dan pekerja di dalam memastikan pemprosesan dan penerimaan hak-hak keselamatan sosial yang disediakan oleh PERKESO dapat dilaksanakan dengan segera, komprehensif dan efisien.

PERKESO Itu Prihatin, Prihatin Itu PERKESO



SKRIN SIGN IN



LANGKAH 1:

Masukkan emel dan kata laluan majikan untuk mengakses ke dalam portal.

*Nota

ID Pengguna dan Kata Laluan portal adalah sama seperti akses di dalam Portal ASSIST PERKESO



SKRIN INFO



Paparan Skrin Muka Hadapan:

Informasi mengenai Kemalangan, Kematian dan Penyakit Khidmat di bawah Skim Bencana Pekerjaan.



SKRIN SENARAI SEJARAH TUNTUTAN

A Home	History Claim's Listing								
Submit Claim Notice <	Show 10 ¢ entries Search:								
	Notice Type 🔿	Employee Identification No	Employee Name 🗤	Accident Date	Accident Time 🖘	Status 🕜 🛛 🗠	Action		
	Death	5398	LIEW SOOK CHIN	November-20-2020	03:39 PM	Inprogress			
	Occupational Disease	5398	LIEW SOOK CHIN			Submitted	R		
. 2 VA 2000	Showing 1 to 2 of 2 entries						Previous 1 Next		
flor									
	Copyright © 2021 BARISTA PERKESO . All rights reser	ved.					Version 1.0.0		

Menu Sejarah Tuntutan:

- Pilih menu "History Claim's Notice" untuk melihat senarai tuntutan yang pernah dilakukan oleh majikan;
- Tekan butang 'action' untuk melihat paparan butiran maklumat penghantaran yang telah dilakukan


SKRIN PILIHAN PERMOHONAN

🖀 Home	History Claim's Listing						
History Claim's Listing	Show 10 ¢ entries					Search	ı:
🙈 Accident	Notice Type 1	Employee	Employee Name	Accident Date	Accident Time	Status ?	Action
♥ Death	Death (128 13)	5398	LIEW SOOK CHIN	November-20-2020	03:39 PM	Inprogress	
	Occupational Disease	5398	LIEW SOOK CHIN			Submitted	G
- 1781. 8168	Showing 1 to 2 of 2 entries						Previous 1 Next
<i>b</i> .,							
	Copyright © 2021 BARISTA PERKESO . All rights reser	ved.					Version 1.0.0

LANGKAH 2:

- Dilih menu 'Submit Claim Notice'
- Disease' untuk skrin seterusnya,



😤 Home	Occupational Disease Notice			ŕ
Q Search Case	Pre Registration			
Fedra ^{i, aldes}	Insured Person & Employer Registration Status Registrational Disease Is Insured Person Still in Employment? * Please Choose	NOTE : 1) The application must be submitted over the counter or plant of the submitted over	not if the employee is not registered to the SOCSO. Click here for details. 18 23 19 19 19 19 19 19 19 19 19 19 19 19 19	02106 ⁹³ ^{23:48}
	Please Choose Yes		Identification No.*	
	No			
	Search Cancel			

LANGKAH 3:

- Pilih "Yes" atau "NO" Bagi Soalan Adakah Orang Berinsurans Masih Di dalam Pekerjaan
- Masukkan Masa Kemalangan





LANGKAH 4:

Pilih Jenis Pengenalan Diri: No. Kad Pengenalan Baru; No. Kad Pengenalan Lama; No. Polis;

No. Tentera.



☆ Home	Occupational Disease Notice	1
Q Search Case	Pre Registration	
	NOTE : 1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO. 2) Claims processing is only done during operating hours. Click kere for details.	
fideal, alter	Notice Type Occupational Disease Cutod I amount of the Cutod I amo	
	Is Insured Person Still in Employment? * Please Choose	
	Identification Type * Identification No *	
	New IC No.	
	Search Cancel	

LANGKAH 5:

Masukkan nombor Pengenalan Diri dan seterusnya tekan butang "Search"



Submit Claim Nation	Pre Registration		
B Sublinic Claim Notice			
		NOTE:	
		1) The application must be submitted over the counter or p	ost if the employee is not registered to the SOCSO.
		2) Claims processing is only done during operating hours. C	Click here for details.
	29		S)S)
	Insured Person & Employer Registration Status		\$ ^{\$}
	20210	202115	2021 (See
	Notice Type		
	Occupational Disease		
1			
1. alter	Is Insured Person Still in Employment? *		
61 6000-	Yes	fidda -	
	Identification Type *		Identification No *
	New IC No.	~	810311055290
	Cancel		
	Califer		
	Search Result		
	Devend Mark Second		
	Record NOT FOUND		

LANGKAH 6:

Nota: Sekiranya keputusan carian adalah "Record Not Found" majikan hendaklah mengemukakan tuntutan secara manual ke Pejabat PERKESO yang berhampiran.



	Identification Type *		Identification No *		
	New IC No.	~	48		
	Cancel				
	Notice Type	-01/106/	⁷⁵ 00:25	-102106129 00.01s	
	Occupational Disease				
fidzal. 2008	'AIN NADIA BINTI NORAZLAN				
	Identification Type New IC No.		Identification No.		
	Employer Code		Employer Name		
	A3100004132W		CIMB BANK BERHAD		
	Proceed				
	Copyright © 2021 BARISTA PERKESO . All rights reserved.				Version 1.

LANGKAH 7:

Nota: Sekiranya keputusan carian adalah berjaya tekan butang "Proceed" untuk ke menu seterusnya





LANGKAH 8:

Pilih Butiran Orang Berinsurans



	Name*						
	'AIN NADIA BINTI NORAZLAN	I					
	No	Ide	ntification Type			Identification No	
	1	New IC No.				5848	
	Date of Birth*		Race*		~		
		28 V. 2'	Please choose	128 24:22	•		
	Gender* 10-2021/00		Occupation*				
	Females.	~					
	(P09)192.						
- 8281. 8180°	Address*						
11.							
	State*		City*		I	Postcode*	
	Please Choose	~	Please Choose		~		
	House Telephone No			Mobile No.			
	Email Address		Nationality *				
				Please Choose			~
						RESET SAVE	

LANGKAH 9:

Masukkan Tarikh Lahir



Name*			
No	Iden	tification Type	Identification No
1	New IC No.		5398
Date of Birth*		Race*	
Jun-01-2006		Chinese	▼ 1,55
Gender*		Please Choose	-21,106/28 ×
		Malay 0.110-20-	0.110-204
Femaleo	Femalés ····································		-091192.166*
Address*		Indian	LaboadCov
JLN BANDAR/CECIL		Bumiputera Sabah	(1 trail
State*		Bumiputera Sarawak	Postcode*
Wilayah Persekutuan Ki	ala Lumpur 🗸 🗸	Others	50000
House Telephone No		Mobile No.	
0384909300			
Email Address		Nationality	•
chua@gmail.com		Malaysia	

LANGKAH 10:

Pilih Bangsa



	Name*							
	LIEW SOOK CHIN	LIEW SOOK CHIN						
	No	Ide	lentification Type		Identification No			
	1	New IC No.			5398			
	Date of Birth*		Pacet					
	Jun-01-2006		Chinese					
	106		106	28 14				
	Gender* 10-202110-		Occupation*					
	Female	~	clerk 168.0.1					
- AC	209 Male							
. 62.2.1 atmin	Female	. de ²						
11.~		i de la companya de l Internet de la companya						
	State*		City*		Postcode*			
	Wilayah Persekutuan Kuala	Lumpur 🗸	KUALA LUMPUR	÷	50000			
	House Telephone No			Mobile No.				
	0384909300	0384909300						
	Email Address			Nationality *				
	chua@gmail.com			Malaysia		~		
					RESET SAVE			

LANGKAH 11:

Pilih Jantina



1 New IC No. 45398 Date of Birth* Race* Jun-01-2006 Chinese 00108
Date of Birth* Race* Jun-01-2006 Chinese
Date of Birth* Race* Jun-01-2006 Chinese Odl Odl
Jun-01-2006 Chinese \sim
2021/0° 2021
Gender* 10 ¹⁰ Occupation* Occupation*
Penaleo (Cerk
iddress* diffe ^{rd (QU)}
JLN BANDAR/CECIL (1, ^{b1,b1,*})
State* City* Postcode*
Wilayah Persekutuan Kuala Lumpur 🗸 KUALA LUMPUR 🗸 50000

LANGKAH 12:

Masukkan Pekerjaan



	Name*					
	No	ide	ntification Type			Identification No
	1	New IC No.				45398
	Date of Birth*		Race*			
	Jun-01-2006		Chinese		~	
	Gender* Female ^{5,0,1} 0,202106	مرار	Occupation*			
fideal.atmed	Address*					
	State*		City*			Postcode*
	Wilayah Persekutuan Kuala	Lumpur 🗸	KUALA LUMPUR		~	50000
	House Telephone No			Mobile No.		
	038490					
	Email Address			Nationality *		
	chua@			Malaysia		~
						RESET SAVE

LANGKAH 13:

- Masukkan Alamat
- Pilih Negeri
- Pilih Bandar
- Pilih Poskod
- Masukkan No. Telefon Rumah
- Masukkan No. Telefon Bimbit
- Masukkan Alamat E mel
- Pilih Kewarnegaraan



Butiran Majikan

Employer Code		Employer Name	
A3100004132W		CIMB BANK BERHAD	
Business Entity	Sub-Business Entity		Sub-Business Entity List
Corporation	Berhad		
Service Type	Industry Code, 68-0-110-24		Sub-Industry Code List S. O. 110-200
Non-Professional Bodies	64,09)192°		FINANCIAL SERVICE ACTIVITIES, EXCEPT INSURANCE/TAKAFUL AND PEN
Address*			
JLN BANDAR/CECIL			
State *	City *		Postcode *
Wilayah Persekutuan Kuala Lumpur	✓ WANGSA MAJU		✓ 51050
Telephone No. *		Fax No.	
194780543			
Free II Address +			
norashikin@yanoo.com			

LANGKAH 14:

- Masukkan Alamat
- Pilih Negeri
- Pilih Bandar
- Pilih Poskod
- Masukkan No. Telefon
- Masukkan No. Fax
- Masukkan Alamat E mel
- Pilih Kewarnegaraan



Butiran Penyakit Khidmat

	Occupational Disease Information
Fideal addition	Description of Occupational Diseases*
	// Please explain symptoms / sign encountered: *
	RESET SAVE

LANGKAH 15:

- Masukkan keterangan Penyakit Khidmat
- Dilih "Yes" atau "No" penyakit berkaitan dengan pekerjaan
- Masukkan tugas dan bagaimana orang berinsurans terdedah kepada bahaya
- Masukkan simptom / tanda yang dihadapi



Butiran Sijil Perubatan

Medical Certificate Information		
MC Type *		
Please Choose	~	
Start Date *	End Date *	
(Please insert the start date and last date of the medical certificate/light duty available.) 0.8×10^{-10}		
Clinic/Hospital Name*		
		.02.168.0.1
		ALRO911

LANGKAH 17:

- Delih Jenis MC
- Pilih Tarikh Bermula
- Pilih Tarikh Terakhir
- Nyatakan Nama Klinik/Hospital



Butiran Gaji

	🤞 Wages In	formation				
	Employer Code	2	A3100004132W		Employer Name	CIMB BANK BERHAD
	Employment S	tart Date	Apr-01-2012		Employment End Date	•
L	Do wages Paid Accident?	on the Day of				
	Details of Wage No	es for the period of 6 ca	resecutive months perore the month of MC/No Year	vtice date*	128 16:55 Month	Wages (RM) 26-55
	1	2020		10,68.0.110-202		
R. J. P. OS	2	2020	omadPop	09		
	3	2020		08		
	4	2020		07		
	5	2020		06		

LANGKAH 18:

Masukkan Gaji Pada Bulan dan Tahun Yang Tertera.



Butiran Pejabat PERKESO

SOCSO Office		
State *	Preferred SOCSO Office *	
Wilavah Persekutuan Kuala Lumpur	Peiabat PERKESO Negeri W.P Kuala Lumpur	~

LANGKAH 19:Pilih NegeriPilih Pilihan Pejabat PERKESO



Butiran Pengesahan Majikan

Reployer Certification	
Name *	
1	
Designation *	
Date	
Jun-23-2021 16:02:40	and the same

LANGKAH 20:Masukkan NamaMasukkan Jawatan



Butiran Bank

Recipient Name Identification Type		1 Bank Information	
Identification Type Identification No New IC No. Account No.* Yes Data Local Bank Bank Local Type* Bank Account Type* Bank Account Type* Bank Account Type* Bank Account Type* Bank Account Type* Bank Account Status* Active		Recipient Name	
New IC No. Account No.* Yes Bank Location* (browner from the count of the count		Identification Type	Identification No
Account No.* Yes Bank Location Payment Method EFT Bank Name* Bank SinPANAN NASIONAL Bank Account No.*		New IC No. 🗸	
Bank Location for the formation of the f		Account No. • Yes	
EFT RUPAT RU	1. atomature	Bank Location 10 ⁻²⁰ Local Bank 9100 Payment Method	
Bank Account No.* Bank Account Status* Active	ligasi.	EFT (idda)	fill ^{an}
Bank Account No.* Bank Account Status* Active		BANK SIMPANAN NASIONAL	Saving
Bank Account Status* Active ~		Bank Account No.*	Bank Branch*
Active 🗸		Bank Account Status*	
		Active 🗸	
RESET SAVE			RESET SAVE

LANGKAH 21:

- Masukkan Nama
- Dilih Jenis Pengenalan Diri:
 - No. Kad Pengenalan Baru;
 - No. Kad Pengenalan Lama;
 - No. Polis;
 - No. Tentera.
- Masukkan No. Pengenalan Diri
- Pilih No. Akaun
- Pilih Lokasi Bank
- Pilih Nama Bank



Butiran Bank

	Recipient Name	
	Identification Type	Identification No
	New IC No.	✓
	Account No. * Yes Bank Location 10: 2021 10:00 2031	0 110-2021/106/28 17:14
fi dral, alar	Payment Method	
	Bank Name*	Bank Account Type*
	BANK SIMPANAN NASIONAL	✓ Saving
	Bank Account No.*	Bank Branch*
	Bank Account Status*	
	Active	~

LANGKAH 22:

- Pilih Cara Bayaran
- Pilih Nama Bank
- Pilih Jenis Akaun Bank
- Pilih Status Akaun Bank



Butiran Dokumen Sokongan

No record of Supporting Document. Add Document Document Description * Please Choose Document Type*	168.0.110-2021/01/*	ameters) 92.108.0.110.2001/07/12
Add Document Document Description * Please Choose Document Type*		amatron 108.0.1
Add Document Document Description * Please Choose Document Type*		and the second
Document Description * GottalGot		
Please Choose Document Type*	~	
Document Type*		
Decement Type		NOTE:
Please Choose	~	* Mandatory to upload certificate if MC / Light Duty information is filled.
Upload *		Letter if Bank information is filled.
Allow format: pdf,doc,docx,jpg,jpeg,gif,png:SMB		claimant.
Upload File	Browse	

LANGKAH 23:

- Pilih Dokumen
- Dilih Jenis Dokumen "Asal" atau "Salinan"
- Muat Naik Dokumen



Penanda Butiran Telah Lengkap



Nota: Sekiranya semua butiran telah dilengkapkan tekan butang "Submit" dan proses tuntutan selesai.



SEBARANG PERTANYAAN & ADUAN SILA HUBUNGI:

PERTUBUHAN KESELAMATAN SOSIAL

Talian Khidmat Pelanggan: 1 300 22 8000

Emel : <u>perkeso@perkeso.gov.my</u> Web : <u>www.perkeso.gov.my</u>

NOTIS KEMALANGAN