PERKESO

BORANG BUTIRAN NOTIS DAN TUNTUTAN FAEDAH PEKERJA ASING [34-PA]
PERATURAN-PERATURAN (AM) KESELAMATAN SOSIAL PEKERJA 1971
FOREIGN WORKER NOTICE AND BENEFIT CLAIM DETAILS FORM [34-PA]
EMPLOYEES' SOCIAL SECURITY (GENERAL) REGULATIONS 1971

34-PA
Pindaan 1/2025

BUTIRAN NOTIS DAN TUNTUTAN FAEDAH / *DETAILS OF NOTICE AND BENEFIT CLAIM*

JENIS NOTIS (Tandakan (√) pada Notis berkaitan) ***TYPE OF NOTICE*** *(Please (√) the relevant Notice)*

☐ NOTIS KEMALANGAN *ACCIDENT NOTICE*
☐ NOTIS PENYAKIT KHIDMAT *OCCUPATIONAL DISEASE NOTICE*
☐ NOTIS KEILATAN *INVALIDITY NOTICE*
☐ NOTIS KEMATIAN *DEATH NOTICE*

A. BUTIR-BUTIR ORANG BERINSURANS / *PARTICULARS OF INSURED PERSON*

A1. Nama *Name*

A2. No. KSPA / KSPDA *SSFW / SSFDW No.*

A3. Jantina *Gender* ☐ **Lelaki** *Male* ☐ **Perempuan** *Female*

A4. Warganegara: *Nationality* _____

A5. Tarikh lahir *Date of Birth* (Hari *Day* / Bulan *Month* / Tahun *Year*)

A6. No. Kad Pengenalan di Negara Asal: *Identification Card No. (In Home Country)* _____

A10. No. Pasport : *Passport No.* _____

A8. Tempoh Sah Laku Pasport *Passport Validity Period* (Hari *Day* / Bulan *Month* / Tahun *Year*) **Hingga** *Until* (Hari *Day* / Bulan *Month* / Tahun *Year*)

A10. Pekerjaan : *Type of work* _____

A9. No. Pas Kerja: *Work Pass No.:* _____

A11. Tempoh Sah Laku Pas Kerja *Work Pass Validity Period* (Hari *Day* / Bulan *Month* / Tahun *Year*) **Hingga** *Until* (Hari *Day* / Bulan *Month* / Tahun *Year*)

A12. Alamat surat menyurat: *Mailing Address*

_____

_____

Poskod / *Postcode*:_____ **Negeri** / *State*:_____ **Negara** / *Country*: _____

A13. E-mel / *Email* : _____ **A14. No. Telefon** / *Telephone No*: _____

B. BUTIR-BUTIR MAJIKAN / *PARTICULARS OF EMPLOYER*

B1. No. Kod Majikan *Employer Code No.*

B2. Nama Perusahaan *Company Name*

B3. Alamat surat menyurat : *Mailing Address*

_____

_____

Poskod / *Postcode*:_____ **Negeri** / *State*:_____ **Negara** / *Country*: _____

B4. E-mel / *Email* : _____ **B5. No. Telefon** / *Telephone No*: _____

C. BUTIR-BUTIR PENGGAJIAN ORANG BERINSURANS / *PARTICULARS OF THE INSURED PERSON'S EMPLOYMENT*

C1. Tarikh mula pengambilan kerja *Start date of employment* (Hari *Day* / Bulan *Month* / Tahun *Year*)

C2. Tarikh pemberhentian kerja (jika terpakai) *Date of resignation (if applicable)* (Hari *Day* / Bulan *Month* / Tahun *Year*)

C3. Adakah gaji dibayar pada hari kemalangan? *Was the salary paid during the day of accident?* ☐ **Ya** *Yes* ☐ **Tidak** *No*

Ruangan ini perlu diisi oleh majikan sahaja
This section must be completed by the employer

D. BUTIR-BUTIR NOTIS KEMALANGAN / *PARTICULARS OF ACCIDENT NOTICE*

D1. Tarikh kemalangan *Accident date*
Hari *Day* / Bulan *Month* / Tahun *Year*

D2. Masa kemalangan *Accident time* : a.m / p.m

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 ? *Did the accident occur on the insured person's work day?*
☐ **Ya** *Yes*
☐ **Tidak** *No*

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

☐	**Semasa bekerja** *While working*	☐	**Semasa perjalanan antara tempat tinggal/kediaman dengan tempat kerja** *During journey between residence and place of work*
☐	**Semasa menjalankan aktiviti berkaitan penggajian** *While carrying out activity related to employment*	☐	**Semasa perjalanan berkaitan dengan pekerjaan** *During journey related to work*
☐	**Semasa kecemasan** *During emergency*	☐	**Semasa perjalanan pada masa rehat yang dibenarkan** *During journey while on authorized recess*
☐	**Lain-lain (Nyatakan):** *Others (Please state)*		

D6. Bagaimana kemalangan berlaku? *How did the accident occur?*

D7. Tujuan perjalanan pada hari kemalangan (*bagi kemalangan jalan raya sahaja)* *Purpose of journey on accident day (for traffic accidents only)*

D8. Perihal kecederaan *Type of injury*

D9. Waktu kerja bermula pada hari kemalangan *Time work starts on accident day* a.m / p.m

D10. Waktu rehat yang dibenarkan pada hari kemalangan *Time of authorized recess on accident day* a.m / p.m

D11. Waktu kerja tamat pada hari kemalangan *Time work ends on accident day* a.m / p.m

D12. Nama saksi (jika ada) *Witness Name (If applicable)*

D14. No. telefon saksi *Witness telephone no.*

D15. Tarikh cuti sakit bermula *Start date of medical certificate:*
Hari *Day* / Bulan *Month* / Tahun *Year*

***Dokumen diperlukan** / Required Documents:*
1) ***Perakuan Perubatan***
Medical Certificate (Per. 57(1))
2) ***Laporan Polis (bagi kemalangan jalanraya)***
Police Report (for traffic accidents) (Per. 71(1))

D16. Nama & alamat klinik yang memberikan rawatan awal
Name and address of clinic which provided initial treatment

E. BUTIR-BUTIR NOTIS PENYAKIT KHIDMAT / *PARTICULARS OF OCCUPATIONAL DISEASE NOTICE*

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*	Pekerjaan *Type of Employment*

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)*
Hari *Day* / Bulan *Month* / Tahun *Year* hingga Hari *Day* / Bulan *Month* / Tahun *Year*

Dokumen diperlukan
Required documents:
1) Laporan Perubatan
Medical Report ***(Per. 68A(1))***

F. BUTIR-BUTIR NOTIS KEILATAN / *PARTICULARS OF INVALIDITY NOTICE*

F1. Perihal keuzuran
Type of invalidity

Dokumen diperlukan
Required documents:
1) Laporan Perubatan
*Medical Report (**Per. 68A(1)**)*

F2. Tahun mula menghidap keuzuran
Year invalidity starts

F3. Adakah orang berinsurans masih bekerja?
Is the insured person still working?
☐ **Ya** *Yes*
☐ **Tidak** *No*

F4. Tarikh berhenti kerja (jika terpakai)
Resignation date (if applicable)
Hari *Day* | Bulan *Month* | Tahun *Year*

F5. Maklumat pengambilan kerja:
Information on employment

☐ **Jika orang berinsurans masih bekerja, majikan perlu lengkapkan ruangan B dan M.**
If the insured foreign worker is still employed, the employer must fill in sections B and M.

Bil *No*	Nama & Alamat Majikan *Name & Address of Employer*	Tempoh Bekerja *Employment Period*	Pekerjaan *Type of Employment*	Gaji Bulanan (RM) *Monthly Salary (RM)*

G. BUTIR-BUTIR NOTIS KEMATIAN / *PARTICULARS OF DEATH NOTICE*

G1. Tarikh kematian
Date of Death
Hari *Day* | Bulan *Month* | Tahun *Year*

G2. Sebab kematian
Cause of death

G3. Adakah kematian berkait dengan kemalangan?
(Jika 'Ya', lengkapkan Seksyen D : Butir-butir Notis Kemalangan)
Is the death related to an accident?
(If 'Yes', fill in Section D: Details of Accident Notice)
☐ **Ya** *Yes*
☐ **Tidak** *No*

G4. Status orang berinsurans (pada masa kematian)
Marital status of Insured Person (at time of death)
☐ **Bujang** *Single*
☐ **Berkahwin** *Married*
☐ **Bercerai** *Divorced*

H. BUTIR-BUTIR WARIS ATAU ORANG TANGGUNGAN / *DEPENDANTS' OR NEXT OF KIN DETAILS*

Bil. *No.*	Nama Orang Tanggungan *Dependants' Name*	Tarikh Lahir *Date of Birth*	Hubungan Dengan Orang Berinsurans *Relationship with Insured Person*	No. Pengenalan Diri Di Negara Asal *Identity No. in Origin Country*	Status (Bagi anak: belajar/cacat/ berkahwin | bagi adik: berkahwin) *(for child: studying/ disabled/ married | for siblings: married)*

Nota Penting / *Important Notes:*

Bagi Pekerja Asing yang sudah berkahwin:
For married Foreign Worker:

1) ***Balu / Duda***
Widow / Widower
2) ***Anak (berumur bawah 21 tahun dan tidak berkahwin)***
Child (aged below 21 years old and unmarried)

Bagi Pekerja Asing yang belum berkahwin:
For unmarried Foreign Worker:

1) ***Ibu Bapa***
Parents
2) ***Adik (berumur bawah 21 tahun dan tidak berkahwin)***
Siblings (aged below 21 years old and unmarried)

Dokumen yang perlu disertakan dan salinan disahkan benar oleh kedutaan/konsulat/pihak berkuasa negara asal atau yang dibenarkan oleh PERKESO:
Required documents and certified true copy by the embassy/ consulate/home country authority or as permitted by PERKESO:

1) ***Sijil Kematian***
Death Certificate
2) ***Pengenalan diri / Sijil kelahiran***
Personal identification / Birth certificate
3) ***Sijil nikah / Daftar perkahwinan***
Marriage certificate / Marriage registration

I. JENIS BAYARAN / *TYPE OF PAYMENT*

I1. Sila tandakan (√) jenis bayaran :
Please tick (√) the type of payment

	Bayaran tempatan / *Local payment*
	Bayaran luar negara / *Overseas payment*

☐ **Jika bayaran tempatan, sila lengkapkan Ruangan J atau K.**
If the type of payment is local payment, please fill in Section J or K.

☐ **Jika bayaran luar negara, sila lengkapkan Ruangan K atau L.**
If the type of payment is overseas payment, please fill in Section K or L.

J. MAKLUMAT AKAUN BANK TEMPATAN PEMOHON / *CLAIMANT'S LOCAL BANK ACCOUNT DETAILS*

☐ **Sila sertakan salinan muka hadapan buku bank akaun / penyata bank yang jelas untuk pengesahan.**
Please attach a clear copy of Front Page of Bank Account Book / bank statement for verification.

J1. Nama Pemegang Akaun Bank:
Bank Account Holder's Name

J2. Sila pilih (√) panel bank PERKESO yang disenaraikan di bawah sahaja.
Please only choose the SOCSO panel bank listed below.

CIMB BANK	☐	MAYBANK	☐	BANK SIMPANAN NASIONAL	☐
BANK MUAMALAT	☐	RHB BANK	☐	PUBLIC BANK	☐
HONG LEONG BANK	☐	AMBANK	☐	BANK ISLAM	☐

J3. No. Akaun Bank :
Bank Account No.

K. MAKLUMAT AKAUN EWALLET PEMOHON / *CLAIMANT'S EWALLET ACCOUNT DETAILS*

☐ **Sila sertakan salinan profil akaun eWallet / penyata akaun yang jelas untuk pengesahan.**
Please attach a clear copy of eWallet account profile/ account statement for verification.

K1. Nama Pemegang Akaun eWallet:
eWallet Account Holder's Name

K2. Nama Platform eWallet : _____
eWallet Platform name

K3. No. Akaun eWallet :
eWallet Account No.

L. MAKLUMAT AKAUN BANK LUAR NEGARA PEMOHON / *CLAIMANT'S OVERSEAS BANK ACCOUNT DETAILS*

☐ **Sila sertakan salinan muka hadapan buku bank akaun / penyata bank yang jelas untuk pengesahan.**
Please attach a clear copy of Front Page of Bank Account Book / bank statement for verification.

L1. Nama Pemegang Akaun Bank:
Bank Account Holder's Name

L2. Nama Bank :
Bank name

L3. Alamat Bank :
Bank Address _____

_____ Poskod *Postal code/Zipcode* _____ Negara *Country* _____

L4. Cawangan Bank :
Bank Branch _____

L5. No. Akaun Bank :
Bank Account No.

L6. Kod Swift/BIC :
Swift code/BIC

L7. Sila tandakan (√) kod mandatori lain-lain (jika berkaitan):
Please tick (√) other mandatory code (if applicable)

IFSC		BSB		SORT		CHIPS/NCC		IBAN NO.	

Butiran kod:
Code details _____

Sila lengkapkan maklumat di atas dan sertakan Surat Pengesahan Akaun Bank dari Pihak Bank yang mengandungi:

- *Nama Pemegang Akaun Bank*
- *Nombor Pengenalan Diri Pemegang Akaun Bank*
- *Nama Bank*
- *Alamat Bank*
- *Nombor Akaun Bank*
- *Kod Swift /BIC*
- *Kod Mandatori lain-lain (Contoh: BSB,IBAN,IFSC)*

Please fill up the details above and attach Bank Account Verification Letter from the Bank which contains:

- *Bank Account Holder's Name*
- *Bank Account Holder's Personal Identification Number*
- *Bank Name*
- *Bank Address*
- *Bank Account Number*
- *Swift Code / BIC*
- *Other Mandatory Codes (Example: BSB,IBAN,IFSC)*

M. PERAKUAN MAJIKAN / *EMPLOYER'S DECLARATION*

Saya memperakui bahawa sepanjang pengetahuan dan kepercayaan saya bahawa semua butiran yang dinyatakan adalah benar.
I certify that to the best of my knowledge and belief that all the details stated are true.

Tandatangan majikan / wakil majikan yang diberi kuasa : _____
Signature of employer/ authorized employer representative

Nama:
Name

Jawatan:
Position

Cop majikan / *Company Stamp*

Tarikh *Date* Hari *Day* | Bulan *Month* | Tahun *Year*

N. PERAKUAN PEMOHON / *CLAIMANT'S DECLARATION*

N1. Nama pemohon : *Claimant's Name*

N2. No. Kad Pengenalan : *Identity Card No*

N3. No. KSPA / KSPDA: *SSFW / SSFDW No*

N4. No. Pasport: *Passport No.* _____

N5. No. Pengenalan Diri di Negara Asal : *Identity No. in Country of Origin* _____

N6. Warganegara : *Nationality* _____

N7. No. Telefon : *Telephone No.* _____

N8. Alamat surat-menyurat : *Correspondence Address* _____

Poskod: *Postal Code/Zipcode* _____

Negara: *Country of Residence* _____

N9. Emel : *Email* _____

SAYA DENGAN INI MENGESAHKAN BAHAWA
I HEREBY CERTIFY THAT:

1. ***Saya, orang berinsurans dan akan memaklumkan PERKESO sekiranya saya hadir bekerja dan mendapat gaji untuk mana-mana hari dalam tempoh hilang upaya bagi tuntutan Faedah Hilang Upaya Sementara dan menuntut apa-apa jua faedah yang layak.**
I, the insured person and will inform PERKESO if I attend work and receive salary for any day during my disability period for the Temporary Disablement Benefit claim and claim the eligible benefit.

2. ***Saya telah menanggung perbelanjaan berjumlah RM _____ untuk pengurusan mayat orang berinsurans yang meninggal dunia dan ingin menuntut pembayaran amaun Faedah Pengurusan Mayat.**
I have paid expenses amounting RM_____for the funeral of insured person who have passed away and want to claim the Funeral Benefit amount.

Dokumen yang perlu disertakan dan disahkan benar oleh kedutaan/konsulat/ pihak berkuasa negara asal atau yang dibenarkan oleh PERKESO:
1. *Sijil Kematian*
2. *Kad Pengenalan/Pasport/Kad Pengenalan Diri di Negara Asal*
3. *Resit Perbelanjaan Pengurusan Mayat (jika pemohon selain Orang Tanggungan yang layak)*

Required documents and certified true copy by the embassy/consulate/home country authority or as permitted by PERKESO:
1. *Death Certificate*
2. *Identity Card/Passport/Identity Card in Country of Origin*
3. *Receipt of Funeral Expenses Paid (if claimant is other than eligible dependant)*

3. ***Saya adalah *orang tanggungan atau *penjaga orang tanggungan, kepada orang berinsurans yang telah meninggal dunia dan ingin menuntut apa-apa jua faedah yang layak untuk *saya atau / dan *orang tanggungan di bawah jagaan saya.**
*I am the *dependant or *guardian of the dependant of the deceased insured person who want to claim for eligible benefit.*

4. **Saya faham bahawa semua proses tuntutan faedah PERKESO hanya boleh dibuat di Malaysia dan akan memaklumkan kepada PERKESO sekiranya saya ingin pulang ke negara asal dalam tempoh satu (1) bulan sebelum perjalanan tersebut dibuat.**
I understand that all PERKESO benefit claim processes can only be carried out in Malaysia, and I will inform PERKESO at least one (1) month in advance if I intend to return to my home country.

5. **Saya mengaku bahawa maklumat dalam borang ini adalah betul dan benar, dan saya bersetuju melepaskan PERKESO dari sebarang tindakan undang-undang, tuntutan kerugian perbelanjaan dan kos berkaitan yang terbit dari pembayaran faedah PERKESO.**
I hereby certify that all information given in this form are true and correct, and I agree to release PERKESO from any future legal proceedings, charges, losses, claims or any cost from PERKESO's benefit payment.

Tandatangan pemohon : _____
Claimant's signature

Tarikh *Date* Hari *Day* | Bulan *Month* | Tahun *Year*

Nama:
Name

O. UNTUK KEGUNAAN PERKESO / *FOR PERKESO USE ONLY*

Tandatangan penerima:
Recipient Signature _____

Nama:
Name

Jawatan:
Position

COP / *STAMP*
TARIKH TERIMA / DATE RECEIVED

Tarikh Notis
Date of Notice

Hari / *Day* Bulan / *Month* Tahun / *Year*

THIS FORM IS FOR GUIDELINE PURPOSES ONLY

TYPE OF BENEFIT: DEPENDANTS' BENEFIT

APPENDIX 3

34-PA
Pindaan 1/2025

PERKESO

BORANG BUTIRAN NOTIS DAN TUNTUTAN FAEDAH PEKERJA ASING [34-PA]
PERATURAN-PERATURAN (AM) KESELAMATAN SOSIAL PEKERJA 1971
FOREIGN WORKER NOTICE AND BENEFIT CLAIM DETAILS FORM [34-PA]
EMPLOYEES' SOCIAL SECURITY (GENERAL) REGULATIONS 1971

TICK 'DEATH NOTICE' BOX

BUTIRAN NOTIS DAN TUNTUTAN FAEDAH / *DETAILS OF NOTICE AND BENEFIT CLAIM*

JENIS NOTIS (Tandakan (√) pada Notis berkaitan)
TYPE OF NOTICE *(Please (√) the relevant Notice)*

☐ NOTIS KEMALANGAN / *ACCIDENT NOTICE*
☐ NOTIS PENYAKIT KHIDMAT / *OCCUPATIONAL DISEASE NOTICE*
☐ NOTIS KEILATAN / *INVALIDITY NOTICE*
☐ NOTIS KEMATIAN / *DEATH NOTICE*

A. BUTIR-BUTIR ORANG BERINSURANS / *PARTICULARS OF INSURED PERSON*

A1. Nama / *Name*

A2. No. KSPA / KSPDA / *SSFW / SSFDW No.*

A3. Jantina / *Gender* ☐ **Lelaki** / *Male* ☐ **Perempuan** / *Female*

A4. Warganegara: / *Nationality* _____

A5. Tarikh lahir / *Date of Birth* Hari / *Day* Bulan / *Month* Tahun / *Year*

A6. No. Kad Pengenalan di Negara Asal: / *Identification Card No. (In Home Country)* _____

A10. No. Pasport : / *Passport No.* _____

A8. Tempoh Sah Laku Pasport / *Passport Validity Period* Hari / *Day* Bulan / *Month* Tahun / *Year* **Hingga** / *Until* Hari / *Day* Bulan / *Month* Tahun / *Year*

A10. Pekerjaan : / *Type of work* _____

A9. No. Pas Kerja: / *Work Pass No.:* _____

A11. Tempoh Sah Laku Pas Kerja / *Work Pass Validity Period* Hari / *Day* Bulan / *Month* Tahun / *Year* **Hingga** / *Until* Hari / *Day* Bulan / *Month* Tahun / *Year*

FILL IN SECTION A.:

A1, A3, A4, A6, A10

A12. Alamat surat menyurat: / *Mailing Address*

_____

_____

A13. E-mel / *Email* : _____ **A14. No. Telefon** / *Telephone No*: _____

B. BUTIR-BUTIR MAJIKAN / *PARTICULARS OF EMPLOYER*

B1. No. Kod Majikan / *Employer Code No.*

B2. Nama Perusahaan / *Company Name*

LEAVE SECTION B. BLANK

B3. Alamat surat menyurat : / *Mailing Address*

_____

_____

Poskod / *Postcode*:_____ **Negeri** / *State*:_____ **Negara** / *Country*: _____

B4. E-mel / *Email* : _____ **B5. No. Telefon** / *Telephone No*: _____

C. BUTIR-BUTIR PENGGAJIAN ORANG BERINSURANS / *PARTICULARS OF THE INSURED PERSON'S EMPLOYMENT*

C1. Tarikh mula pengambilan kerja / *Start date of employment* Hari / *Day* Bulan / *Month* Ta / *Ye*

C2. Tarikh Hari / *Day* Bulan / *Month* Tahun / *Year*

LEAVE SECTION C. BLANK

C3. Adakah gaji dibayar pada hari kemalangan? / *Was the salary paid during the day of accident?* ☐ **Ya** / *Yes* ☐ **Tidak** / *No*

Ruangan ini perlu diisi oleh majikan sahaja
This section must be completed by the employer

D. BUTIR-BUTIR NOTIS KEMALANGAN / *PARTICULARS OF ACCIDENT NOTICE*

D1. Tarikh kemalangan *Accident date* — Hari *Day* / Bulan *Month* / Tahun *Year*

D2. Masa kemalangan *Accident time* — : a.m / p.m

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 ? *Did the accident occur on the insured person's work day?*
☐ **Ya** *Yes*
☐ **Tidak** *No*

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

☐	**Semasa bekerja** *While working*	☐	**Semasa perjalanan antara tempat tinggal/kediaman dengan tempat kerja** *During journey between residence and place of work*
☐	**Semasa menjalankan aktiviti berkaitan penggajian** *While carrying out activity related to employment*	☐	**Semasa perjalanan berkaitan dengan pekerjaan** *During journey related to work*
☐	**Semasa kecemasan** *During emergency*	☐	**Semasa perjalanan pada masa rehat yang dibenarkan** *During journey while on authorized recess*
☐	**Lain-lain (Nyatakan):** *Others (Please state)*		

D6. Bagaimana kemalangan berlaku? *How did the accident occur?*

LEAVE SECTION D. BLANK

D7. Tujuan perjalanan pada hari kemalangan (*bagi kemalangan jalan raya sahaja*) *Purpose of journey on accident day (for traffic accidents only)*

D8. Perihal kecederaan *Type of injury*

D9. Waktu kerja bermula pada hari kemalangan *Time work starts on accident day* — a.m / p.m

D10. Waktu rehat yang dibenarkan pada hari kemalangan *Time of authorized recess on accident day* — a.m / p.m

D11. Waktu kerja tamat pada hari kemalangan *Time work ends on accident day* — a.m / p.m

D12. Nama saksi (jika ada) *Witness Name (If applicable)*

D14. No. telefon saksi *Witness telephone no.*

D15. Tarikh cuti sakit bermula *Start date of medical certificate:* — Hari *Day* / Bulan *Month* / Tahun *Year*

Dokumen diperlukan / Required Documents:
1) ***Perakuan Perubatan***
Medical Certificate (Per. 57(1))
2) ***Laporan Polis (bagi kemalangan jalanraya)***
Police Report (for traffic accidents) (Per. 71(1))

D16. Nama & alamat klinik yang memberikan rawatan awal
Name and address of clinic which provided initial treatment

E. BUTIR-BUTIR NOTIS PENYAKIT KHIDMAT / *PARTICULARS OF OCCUPATIONAL DISEASE NOTICE*

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*	**Pekerjaan** *Type of Employment*

E2. Perihal penyakit khidmat *Type of occupational disease*

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

LEAVE SECTION E. BLANK

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)* — Hari *Day* / Bulan *Month* / Tahun *Year* hingga Hari *Day* / Bulan *Month* / Tahun *Year*

Dokumen diperlukan
Required documents:
1) ***Laporan Perubatan***
Medical Report (Per. 68A(1))

F. BUTIR-BUTIR NOTIS KEILATAN / *PARTICULARS OF INVALIDITY NOTICE*

F1. Perihal keuzuran
Type of invalidity

Dokumen diperlukan
Required documents:
1) Laporan Perubatan
Medical Report (Per. 68A(1))

F2. Tahun mula menghidap keuzuran
Year invalidity starts

F3. Adakah orang berinsurans masih bekerja?
Is the insured person still working?
☐ **Ya** *Yes*
☐ **Tidak** *No*

F4. Tarikh berhenti kerja (jika terpakai)
Resignation date (if applicable)
Hari *Day* | Bulan *Month* | Tahun *Year*

F5. Maklumat pengambilan kerja:
Information on employment
☐ **Jika orang berinsurans masih bekerja, majikan perlu lengkapkan ruangan B dan M.**
If the insured foreign worker is still employed, the employer must fill in sections B and M.

Bil *No*	Nama & Alamat Majikan *Name & Address of Employer*	Tempoh Bekerja *Employment Period*	Pekerjaan *Type of Employment*	Gaji Bulanan (RM) *Monthly Salary (RM)*

LEAVE SECTION F. BLANK

G. BUTIR-BUTIR NOTIS KEMATIAN / *PARTICULARS OF DEATH NOTICE*

G1. Tarikh kematian
Date of Death
Hari *Day* | Bulan *Month* | Tahun *Year*

FILL IN SECTION G.: G1 AND G4

G2. Sebab kematian
Cause of death

G3. Adakah kematian berkait dengan kemalangan?
(Jika 'Ya', lengkapkan Seksyen D : Butir-butir Notis Kemalangan)
Is the death related to an accident?
(If 'Yes', fill in Section D: Details of Accident Notice)
☐ **Ya** *Yes*
☐ **Tidak** *No*

G4. Status orang berinsurans (pada masa kematian)
Marital status of Insured Person (at time of death)
☐ **Bujang** *Single*
☐ **Berkahwin** *Married*
☐ **Bercerai** *Divorced*

H. BUTIR-BUTIR WARIS ATAU ORANG TANGGUNGAN / *DEPENDANTS' OR NEXT OF KIN DETAILS*

Bil. *No.*	Nama Orang Tanggungan *Dependants' Name*	Tarikh Lahir *Date of Birth*	Hubungan Dengan Orang Berinsurans *Relationship with Insured Person*	No. Pengenalan Diri Di Negara Asal *Identity No. in Origin Country*	Status (Bagi anak: belajar/cacat/ berkahwin | bagi adik: berkahwin) *(for child: studying/ disabled/ married | for siblings: married)*
	FILL IN SECTION H. TABLE Examples:				
1	xxxxxxx	Dd/mm/yy	Wife	Xxxxxxx	-
2	xxxxxxx	Dd/mm/yy	Children	Xxxxxxxx	Studying

Nota Penting / *Important Notes:*

Bagi Pekerja Asing yang sudah berkahwin:
For married Foreign Worker:

1) ***Balu / Duda***
Widow / Widower
2) ***Anak (berumur bawah 21 tahun dan tidak berkahwin)***
Child (aged below 21 years old and unmarried)

Bagi Pekerja Asing yang belum berkahwin:
For unmarried Foreign Worker:

1) ***Ibu Bapa***
Parents
2) ***Adik (berumur bawah 21 tahun dan tidak berkahwin)***
Siblings (aged below 21 years old and unmarried)

Dokumen yang perlu disertakan dan salinan disahkan benar oleh kedutaan/konsulat/pihak berkuasa negara asal atau yang dibenarkan oleh PERKESO:
Required documents and certified true copy by the embassy/ consulate/home country authority or as permitted by PERKESO:

1) ***Sijil Kematian***
Death Certificate
2) ***Pengenalan diri / Sijil kelahiran***
Personal identification / Birth certificate
3) ***Sijil nikah / Daftar perkahwinan***
Marriage certificate / Marriage registration

FILL IN SECTION I. BASED ON DEPENDANT'S CURRENT LOCATION

I. JENIS BAYARAN / *TYPE OF PAYMENT*

I1. Sila tandakan (√) jenis bayaran :
Please tick (√) the type of payment

☐	Bayaran tempatan / *Local payment*
☐	Bayaran luar negara / *Overseas payment*

☐ **Jika bayaran tempatan, sila lengkapkan Ruangan J atau K.**
If the type of payment is local payment, please fill in Section J or K.

☐ **Jika bayaran luar negara, sila lengkapkan Ruangan K atau L.**
If the type of payment is overseas payment, please fill in Section K or L.

J. MAKLUMAT AKAUN BANK TEMPATAN PEMOHON / *CLAIMANT'S LOCAL BANK ACCOUNT DETAILS*

☐ **Sila sertakan salinan muka hadapan buku bank akaun / penyata bank yang jelas untuk pengesahan.**
Please attach a clear copy of Front Page of Bank Account Book / bank statement for verification.

J1. Nama Pemegang Akaun Bank:
Bank Account Holder's Name

J2. Sila pilih (√) panel bank PERKESO yang disenaraikan di bawah sahaja.

IF PAYMENT IN MALAYSIA, FILL IN SECTION J OR K

CIMB BANK	☐	MAYBANK	☐	BANK SIMPANAN NASIONAL	☐
BANK MUAMALAT	☐	RHB BANK	☐	PUBLIC BANK	☐
HONG LEONG BANK	☐	AMBANK	☐	BANK ISLAM	☐

J3. No. Akaun Bank :
Bank Account No.

K. MAKLUMAT AKAUN EWALLET PEMOHON / *CLAIMANT'S EWALLET ACCOUNT DETAILS*

☐ **Sila sertakan salinan profil akaun eWallet / penyata akaun yang jelas untuk pengesahan.**

IF OVERSEAS PAYMENT, FILL IN SECTION K OR L

K1. Nama Pemegang Akaun eWallet:
eWallet Account Holder's Name

K2. Nama Platform eWallet : _____
eWallet Platform name

K3. No. Akaun eWallet :
eWallet Account No.

L. MAKLUMAT AKAUN BANK LUAR NEGARA PEMOHON / *CLAIMANT'S OVERSEAS BANK ACCOUNT DETAILS*

☐ **Sila sertakan salinan muka hadapan buku bank akaun / penyata bank yang jelas untuk pengesahan.**
Please attach a clear copy of Front Page of Bank Account Book / bank statement for verification.

L1. Nama Pemegang Akaun Bank:
Bank Account Holder's Name

L2. Nama Bank :
Bank name

L3. Alamat Bank :
Bank Address

_____

Poskod *Postal code/Zipcode* _____ Negara *Country* _____

L4. Cawangan Bank :
Bank Branch _____

L5. No. Akaun Bank :
Bank Account No.

L6. Kod Swift/BIC :
Swift code/BIC

L7. Sila tandakan (√) kod mandatori lain-lain (jika berkaitan):
Please tick (√) other mandatory code (if applicable)

FILL IN SECTION L. WITH CLAIMANT'S BANK ACCOUNT DETAILS. PLEASE ALSO ATTACH: 1) COPY OF BANK ACCOUNT STATEMENT OR FRONT PAGE OF BANK BOOK AND 2) COPY OF BANK ACCOUNT VERIFICATION LETTER OR LETTER FROM BANK WHICH INCLUDE THE DETAILS REQUIRED (REFER BELOW)

IFSC		BSB		SORT		CHIPS/NCC	IBAN NO.

Butiran kod:
Code details _____

Sila lengkapkan maklumat di atas dan sertakan Surat Pengesahan Akaun Bank dari Pihak Bank yang mengandungi:

- *Nama Pemegang Akaun Bank*
- *Nombor Pengenalan Diri Pemegang Akaun Bank*
- *Nama Bank*
- *Alamat Bank*
- *Nombor Akaun Bank*
- *Kod Swift /BIC*
- *Kod Mandatori lain-lain (Contoh: BSB,IBAN,IFSC)*

Please fill up the details above and attach Bank Account Verification Letter from the Bank which contains:

- *Bank Account Holder's Name*
- *Bank Account Holder's Personal Identification Number*
- *Bank Name*
- *Bank Address*
- *Bank Account Number*
- *Swift Code / BIC*
- *Other Mandatory Codes (Example: BSB,IBAN,IFSC)*

M. PERAKUAN MAJIKAN / *EMPLOYER'S DECLARATION*

Saya memperakui bahawa sepanjang pengetahuan dan kepercayaan saya bahawa semua butiran yang dinyatakan adalah benar.
I certify that to the best of my knowledge and belief that all the details stated are true.

Tandatangan majikan / wakil majikan yang diberi kuasa : _____
Signature of employer/ authorized employer representative

Nama:
Name

Jawatan:
Position

LEAVE M. SECTION BLANK

Cop majikan / *Company Stamp*

Tarikh *Date* Hari *Day* | Bulan *Month* | Tahun *Year*

N. PERAKUAN PEMOHON / *CLAIMANT'S DECLARATION*

N1. Nama pemohon : *Claimant's Name*

N2. No. Kad Pengenalan : *Identity Card No*

N3. No. KSPA / KSPDA: *SSFW / SSFDW No*

N4. No. Pasport: *Passport No.* _____

N5. No. Pengenalan Diri di Negara Asal : *Identity No. in Country of Origin* _____

N6. Warganegara : *Nationality* _____

N7. No. Telefon : *Telephone No.* _____

N8. Alamat surat-menyurat : *Correspondence Address* _____

Poskod: *Postal Code/Zipcode* _____

Negara: *Country of Residence* _____

N9. Emel : *Email* _____

SAYA DENGAN INI MENGESAHKAN BAHAWA
I HEREBY CERTIFY THAT:

FILL IN SECTION N WITH DETAILS OF CLAIMANT: N1, N2, N5,N6,N7,N8,N9 AND SIGN THE DECLARATION BELOW WITH NAME AND DATE OF SIGNATURE

Note: 'Claimant's name must be the same as the bank account holder details provided in this form.

1. ***Saya, orang berinsurans dan akan memaklu**
dalam tempoh hilang upaya bagi tuntutan
I, the insured person and will inform PERKESO
Disablement Benefit claim and claim the eligible E

2. ***Saya telah menanggung perbelanjaan berjumlah RM _____ untuk pengurusan mayat orang berinsurans yang meninggal dunia dan ingin menuntut pembayaran amaun Faedah Pengurusan Mayat.**
I have paid expenses amounting RM_____for the funeral of insured person who have passed away and want to claim the Funeral Benefit amount.

Dokumen yang perlu disertakan dan disahkan benar oleh kedutaan/konsulat/ pihak berkuasa negara asal atau yang dibenarkan oleh PERKESO:
1. *Sijil Kematian*
2. *Kad Pengenalan/Pasport/Kad Pengenalan Diri di Negara Asal*
3. *Resit Perbelanjaan Pengurusan Mayat (jika pemohon selain Orang Tanggungan yang layak)*

Required documents and certified true copy by the embassy/consulate/home country authority or as permitted by PERKESO:
1. *Death Certificate*
2. *Identity Card/Passport/Identity Card in Country of Origin*
3. *Receipt of Funeral Expenses Paid (If claimant is other than eligible dependant)*

3. ***Saya adalah *orang tanggungan atau *penjaga orang tanggungan, kepada orang berinsurans yang telah meninggal dunia dan ingin menuntut apa-apa jua faedah yang layak untuk *saya atau / dan *orang tanggungan di bawah jagaan saya.**
*I am the *dependant or *guardian of the dependant of the deceased insured person who want to claim for eligible benefit.*

4. **Saya faham bahawa semua proses tuntutan faedah PERKESO hanya boleh dibuat di Malaysia dan akan memaklumkan kepada PERKESO sekiranya saya ingin pulang ke negara asal dalam tempoh satu (1) bulan sebelum perjalanan tersebut dibuat.**
I understand that all PERKESO benefit claim processes can only be carried out in Malaysia, and I will inform PERKESO at least one (1) month in advance if I intend to return to my home country.

5. **Saya mengaku bahawa maklumat dalam borang ini adalah betul dan benar, dan saya bersetuju melepaskan PERKESO dari sebarang tindakan undang-undang, tuntutan kerugian perbelanjaan dan kos berkaitan yang terbit dari pembayaran faedah PERKESO.**
I hereby certify that all information given in this form are true and correct, and I agree to release PERKESO from any future legal proceedings, charges, losses, claims or any cost from PERKESO's benefit payment.

Tandatangan pemohon : _____
Claimant's signature

Nama:
Name

Tarikh *Date* Hari *Day* | Bulan *Month* | Tahun *Year*

O. UNTUK KEGUNAAN PERKESO / *FOR PERKESO USE ONLY*

Tandatangan penerima:
Recipient Signature _____

Nama:
Name

Jawatan:
Position

COP / *STAMP*
TARIKH TERIMA / DATE RECEIVED

Tarikh Notis
Date of Notice

Hari / *Day* Bulan / *Month* Tahun / *Year*

LEAVE SECTION O. BLANK

Note for Embassy/ High Commission/ Home Country Authority:

Kindly be informed that the Embassy/ High Commission/Home Country Authority are ONLY required to verify each DEPENDANT'S SUPPORTING DOCUMENTS with official stamp and officer signature. The Embassy/High Commission/Home Country Authority is not required to verify in any section of the "Form 34-PA / Foreign Worker Notice and Benefit Claim Details Form". Thank you.

Updated: 29/7/2025

APPENDIX 1

PERKESO

DEPENDANT'S BANK VERIFICATION LETTER

Date: _____

To:

Social Security Organization (PERKESO)
Menara PERKESO,
281, Jalan Ampang,
50538 Kuala Lumpur, Malaysia

We hereby verify that all information given below are true and correct:

1.	Bank Account Holder's Name	
2.	Bank Account Holder's Personal Identification Number	
3.	Bank Name	
4.	Bank Account Number	
5.	SWIFT Code / BIC	
6.	Bank Address	
7	Other Mandatory Codes Required: IBAN No./IFSC Code/ Sort Code/ BSB Code/ Chips/N CC Code (If applicable based on country, state type of code and the code number)	1.
		2.

Verified By:

Bank Officer's Name: _____

Position: _____

Signature: _____

Signing Date: _____

Official Bank's Stamp/Bank Officer's Stamp

Updated: 29/7/2025

APPENDIX 2

Please refer to the list below for the Mandatory Codes required by PERKESO to process the Benefit payment:

MANDATORY CODES REQUIRED FOR OVERSEAS REMITTANCE - SEMAKAN PERKESO FOR

NO	COUNTRIES	ACCOUNT NO	SWIFT CODE / BIC	BSB CODE	IBAN NO	SORT CODE	CHIPS/N CC CODE	IFSC CODE
1	India	✓	✓					✓
2	Bangladesh	✓	✓					
3	Indonesia	✓	✓					
4	Nepal	✓	✓					
5	Myanmar	✓	✓					
6	UK	✓	✓		✓	✓		
7	US	✓	✓				✓	
8	Australia	✓	✓	✓				
9	Canada	✓	✓				✓	
10	China	✓	✓					
11	Sri Lanka	✓	✓					
12	Pakistan	✓	✓		✓			
13	Phillipines	✓	✓					
14	Vietnam	✓	✓					
15	Thailand	✓	✓					
16	France	✓	✓		✓			
17	Iran	✓	✓					
18	Cambodia	✓	✓					
19	Nigeria	✓	✓					
20	Sweeden	✓	✓		✓			
21	Zimbabwe	✓	✓					
22	Brazil	✓	✓		✓			
23	Brunei	✓	✓					
24	Jepun	✓	✓					
25	Korea	✓	✓					
26	Iraq	✓	✓					

NOTES FOR REFERENCE

A: SWIFT/BIC/BSB/IBAN Code is a unique identification code of for a particular bank or bank branch. Your beneficiary would be able to obtain this from their respective bank. Alternatively, you may be able to search online on the beneficiary's bank website or sites that list down the codes.

- **SWIFT Code (8 or 11 alphanumeric characters)**
- **IBAN (up to 34 alphanumeric characters) - used mainly for Europe / Middle East**
- **BSB (6 digits) - used for transfers to Australia**
- **IFSC (11 alphanumeric characters) - used for transfers to India**
- **FED WIRE (9 digits) - used for transfers to United States**
- **SORT Code (6 digits) - used for transfers to United Kingdom**

A SWIFT (Society for Worldwide Interbank Financial Telecommunications) code is an international bank code that

SWIFT codes and BIC codes are the same thing and the terms are interchangeable. Other terms used by banks ov

- CHIPS (Clearing House Inter-Bank Payment System) – US and Canada only

Example:

- If the bank is from Bangladesh, the Mandatory Codes required is the Bank Account No. and Swift Code only.

Updated: 29/7/2025

CHECKLIST FOR THE SUPPORTING DOCUMENTS REQUIRED FOR THE PERKESO DEPENDANTS' BENEFIT APPLICATION

Please see below the supporting documents required by PERKESO to process the PERKESO Dependants' Benefit Application based on the two different scenarios:

Scenario 1

If the foreign worker was not married and has left behind a father/mother/siblings

1. **Copy Of Foreign Worker's Birth Certificate**
2. **Copy Of Mother's Identification Document**
   If the Mother has passed away, please provide copy of death certificate.
3. **Copy of Father's Identification Document**
   If the Father has passed away please provide copy of death certificate.
4. **Copy Of Sibling(s) Birth Certificate**
5. **'Bank Verification Letter (refer to *Appendix 1* for template of letter)' or Official Letter Issued By The Bank which must contain:**
   - Bank Account Holder's Name
   - Bank Account Holder's Identification No.
   - Bank Name
   - Bank Address
   - Bank Account No.
   - Mandatory Codes Required Based On Country: Refer to *Appendix 2*
6. **Copy of the Front Page of the Bank Book or Copy of Bank Statement**
   Containing Bank Account Holder's Name, Identification No. and Bank Account No.
7. **Copy of the 'PERKESO Foreign Worker Notice And Benefit Claim Details Form [34-PA] Employees' Social Security (General) Regulation 1971' completed by the dependants – Refer *Appendix 3* for guideline to fill in this form**

Important Notes:

- Supporting documents must be in English.
- All dependant's supporting documents must be verified through **official stamp and officer'signature** by the Embassy/High Commission/Home Country Authority.
- It is mandatory to state dependant's active email address and phone number (including country code) in the PERKESO Claim Form for payment notification purposes.

Additional Notes:

- PERKESO can only transfer to individual bank accounts (e.g. joint bank accounts are not acceptable)
- If the dependant is 18 years old or below and is under the care of a legal guardian, please provide proof of guardianship to PERKESO for futher review.
- If both parents and siblings have passed away and the foreign worker has left behind grandparents, benefit may be paid to grandparents based on supporting documents submitted to PERKESO.

PERKESO

Scenario 2

If the foreign worker was married and has left behind a widow/widower/children

1. **Copy Of Marriage Certificate Document**
2. **Copy of Widow/Widower's Identification Document**
   If the Widow/Widower has passed away, provide copy of death certificate.
3. **Copy Of Children(s) Birth Certificate Document**
4. **'Bank Verification Letter (refer to *Appendix 1* for template of letter)' or Official Letter Issued By The Bank which must contain:**

   - Bank Account Holder's Name
   - Bank Account Holder's ID No.
   - Bank Name
   - Bank Address
   - Bank Account No.
   - Mandatory Code Required Based On Country: Refer to *Appendix 2*

5. **Copy of the Front Page of the Bank Book or Copy of Bank Account Statement**
   Containing Bank Account Holder's Name, Identification No. and Bank Account No.

6. **Copy of the 'PERKESO Foreign Worker Notice And Benefit Claim Details Form [34-PA] Employees' Social Security (General) Regulation 1971' completed by the dependants – Refer *Appendix 3* for guideline to fill in this form**

Important Notes:

- Supporting documents must be in English.
- All supporting documents above must be verified through **official stamp and officer's signature** by the Embassy/High Commission/ Home Country Authority.
- It is mandatory to state dependant's active email address and phone number (including country code) in the PERKESO Claim Form for payment notification purposes.

Additional Notes:

- PERKESO can only transfer to individual bank accounts (e.g. joint bank accounts are not acceptable)
- If the dependant is 18 years old or below and is under the care of a legal guardian, please provide proof of guardianship to PERKESO for futher review.