PERKESO

APPLICATION FOR PERMANENT DISABLEMENT BENEFIT (FHUK)

(Valid for Use in Malaysian Legal Proceedings)

Name of Applicant / Insured Person :……

New Identity Card No. / FWSS No. :……

Temporary Disablement Benefit File :……

Date of Accident :……

Permanent Injury Information :……

:……

:……

☐ Attached is the **Medical Report** issued by (name of clinic / hospital):

……

Reason *(if the application is submitted more than 12 months after the FHUS payment period)*:

……

……

I declare that all statements provided are true. If the falsification of accident information and medical reports, as well as any statements or documents related to this benefit claim, is proven, even if the related benefit claim has been paid, I may be convicted of an offence under the Employees' Social Security Act, 1969 / Self-Employment Social Security Act 2017 / Housewives' Social Security Act 2022; Malaysian Anti-Corruption Commission Act 2009; Penal Code.

Signature :……

Address :……

……

……

Telephone :……

E-mail :……

Date :……

EMPLOYER'S DECLARATION

(For Applicants Of Permanent Disablement Benefit Who Are Still Employed)

Declaration by the EMPLOYER / EMPLOYER'S REPRESENTATIVE who is directly responsible for the employee / insured person making an application for Permanent Disablement Benefit (FHUK).

It is hereby certified that the particulars provided by the employee / insured person making an application for Permanent Disablement Benefit (FHUK) for the accident which has been certified as an *EMPLOYMENT INJURY / NON-EMPLOYMENT INJURY *(* please cut-off is not relevant)* are correct and true to the best of my knowledge on behalf of this employer.

Additional Declaration :……...
(if any)

……..

……..

……..

……..

……..

……..

Signature :……...

Full Name :……...
(Employer/ Employer's Representative)

Employer's Stamp :……...

Employer's Name :……...

Employer's Code :……...

Employer's Address :…….

…….

…….

Employer's Telephone:……...

Employer's E-mail :……...

Date :……...