Section 34, 35, 36, 49 ESSA 1969

PERKESO

REVIEW APPLICATION

(Valid for Use in Malaysian Legal Proceedings)

Name of Applicant / Insured Person :…….

Identity Card No. / FWSS No. :……..……..

Reference's File :…….....

Address :……..…….....

:……..…….....

:……..…….....

:……..…….....

Telephone :……..…….....

E-mail :……..…….....

I request to review :

☐ Permanent Disablement (HUK) because……..
……
……

Attached are the latest medical report & treatment records for reference.

☐ Invalidity Grant / Pension because……
……
……

Attached are the latest medical report & treatment records for reference.

☐ Survivors' / Dependants' Benefit because……
……

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 :…… Date :……..……
Of Applicant /
Insured Person