

**FCL INCIDENT CASES REPORT (LAPORAN KEMALANGAN PEKERJA ASING)****CONSTRUCTION LABOUR EXCHANGE CENTRE BERHAD**

Lot 1-3, Level 6, Block C (S), Pusat Bandar Damansara  
50490 Kuala Lumpur  
GL:03-20959599 Fax: 03-20959566

**SECTION I****WORKER'S DETAIL (BUTIR-BUTIR MENGENAI PEKERJA)**

- a) Name (Nama) : ..... b) Sex (Jantina) : .....
- c) Passport No (Pasport No) : ..... d) Work Permit (Permit Kerja) : .....
- e) Date of employment (Tarikh Mula Bekerja) : ..... f) Nationality (Warganegara) : .....
- g) Working Hour (Waktu bekerja) : .....to ..... h) Facilities provided : Meals (Yes / No)  
Accommodation (Yes / No)  
Transportation (Yes / No)

**SECTION II****INCIDENT DETAILS (BUTIR-BUTIR MENGENAI KEMALANGAN)**

- a) Date of Incident (Tarikh kemalangan) : ..... b) Time of Incident (Masa kemalangan) : .....
- c) Location of Incident (Lokasi kemalangan) : (Full Address) .....  
.....  
.....
- d) Description of Incident Occured (Penghuraian mengenai kemalangan yang berlaku)  
.....  
.....  
.....  
.....
- e) Type of Injury (Jenis-Jenis Kecederaan)

- |  |  |
|--|--|
| <input type="checkbox"/> Fractured (Kepatahan) | <input type="checkbox"/> Dismemberment (Terputus)  |
| <input type="checkbox"/> Burn (Terbakar)       | <input type="checkbox"/> Others (Lain-Lain): ..... |
| <input type="checkbox"/> Kematian (Death)      |  |

- f) Description of injury (Penghuraian mengenai kecederaan) .....  
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- g) If taken to the hospital or clinic, please state name. Jika dimasukkan ke hospital atau klinik, sila nyatakan  
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**SECTION III****INSURANCE COVERAGE (PERLINDUNGAN INSURAN)**

Does the worker covered by Foreign Worker Compensation Scheme (FWCS) ? Adakah pekerja dilindungi oleh Skim Pampasan Pekerja Asing?

- Yes  No Insurance Policy No. (No Polisi) : .....

**Reported by (dilaporkan oleh):**

|                               |  |
|-------------------------------|--|
| Name (Nama): .....            | Company 's name & Address( Nama & Alamat Syarikat) |
| Designation( Jawatan) : ..... | .....  |
| Date (Tarikh) : .....         | .....  |

(Please enclosed with the latest payslip (at least 6 months) and sick leave certificate (if any).Sila sertakan bersama slip pembayaran gaji(sekurang-kurangnya 6 bulan dan siji/ cuti sakit (jika ada)