

ACCIDENT CHECKLIST

Worker's Name : _____ Passport No : _____
 Employer's Name : _____ Date : _____

Please Refer to the attachment for **Form Lab 90 (send to doctor)** and incident Report Form (to be completed by employer), and return to CLAB.

Please fax or courier to us with document below

- 1) Copy of Pay slip for 6 months before accident
- 2) Copy of Permit and Passport
- 3) Incident Report Form (as attached)
- 4) Police Report (case by case)
- 5) Policy Insurance (FWCS)
- 6) Medical Certificate
- 7) Two (2) Accident picture photo (of worker)
- 8) Medical Bill(s) / receipt(s)
- 9) Worker address in original country
- 10) Worker has Bank Account in Malaysia?
- 11) Worker's Bank Account number (If Any) _____

Kindly complete Accident Report Form within 3 days from date of accident, in order for us to inform nearest JTK office.