



MANUAL PENGGUNA PORTAL PERMOHONAN FAEDAH

NOTIS KEMALANGAN

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Pengenalan

Manual pengguna ini adalah bertujuan sebagai panduan kepada majikan untuk memahami dengan lebih lanjut berkenaan langkah-langkah yang betul bagi melengkapkan setiap permohonan.

Sebagai makluman majikan, Portal Permohonan Faedah PERKESO berfungsi selaku platform penghantaran Borang Tuntutan Skim-Skim PERKESO yang meliputi beberapa faedah seperti Notis Kemalangan, Notis Penyakit Khidmat dan Notis Kematian.

Semoga inisiatif ini bakal memberikan manfaat kepada majikan dan pekerja di dalam memastikan pemprosesan dan penerimaan hak-hak keselamatan sosial yang disediakan oleh PERKESO dapat dilaksanakan dengan segera, komprehensif dan efisien.

PERKESO Itu Prihatin, Prihatin Itu PERKESO

SKRIN SIGN IN



Login

LANGKAH 1:

- ☐ Masukkan emel dan kata laluan majikan untuk mengakses ke dalam portal.

*Nota

ID Pengguna dan Kata Laluan portal adalah sama seperti akses di dalam Portal ASSIST PERKESO



Paparan Skrin Muka Hadapan:

Informasi mengenai Kemalangan, Kematian dan Penyakit Khidmat di bawah Skim Bencana Pekerjaan.

SKRIN SEJARAH SENARAI TUNTUTAN

Home
History Claim's Listing
Submit Claim Notice

History Claim's Listing

Show 10 entries

Notice Type	Employee Identification No	Employee Name	Accident Date	Accident Time	Status	Action
Death	5398	LIEW SOOK CHIN	November-20-2020	03:39 PM	Inprogress	
Occupational Disease	5398	LIEW SOOK CHIN			Submitted	

Showing 1 to 2 of 2 entries

Previous 1 Next

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Menu Sejarah Tuntutan:

- ☐ Pilih menu “History Claim’s Notice” untuk melihat senarai tuntutan yang pernah dilakukan oleh majikan;
- ☐ Tekan butang ‘action’ untuk melihat paparan butiran maklumat penghantaran yang telah dilakukan

SKRIN PILIHAN PERMOHONAN

Home

History Claim's Listing

Submit Claim Notice

Accident

Occupational Disease

Death

History Claim's Listing

Show 10 entries

Search:

Notice Type	Employee Identification No	Employee Name	Accident Date	Accident Time	Status	Action
Death	5398	LIEW SOOK CHIN	November-20-2020	03:39 PM	Inprogress	
Occupational Disease	5398	LIEW SOOK CHIN			Submitted	

Showing 1 to 2 of 2 entries

Previous

1

Next

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LANGKAH 2:

- ☐ Pilih menu 'Submit Claim Notice'
- ☐ Pilih menu 'Accident' untuk skrin seterusnya,

SKRIN PRA PENDAFTARAN NOTIS KEMALANGAN

Home
History Claim's Listing
Submit Claim Notice
Accident
Occupational Disease
Death

Accident Notice

Pre Registration

NOTE :

- 1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO.
- 2) Claims processing is only done during operating hours. Click [here](#) for details.

Insured Person & Employer Registration Status

Employer Code*

A0100004132W

Notice Type

Accident Notice

Accident Date*

Please make sure the date of the accident entered correctly, if it has been registered this date cannot be updated due to system security.

Accident Time*

Please make sure the time of the accident entered correctly, if it has been registered this time cannot be updated due to system security.

Identification Type *

Please Choose...

Identification No *

Search Cancel

LANGKAH 3:

- ☐ Masukkan Tarikh Kemalangan
- ☐ Masukkan Masa Kemalangan

SKRIN PRA PENDAFTARAN NOTIS KEMALANGAN

[Home](#)
[History Claim's Listing](#)
[Submit Claim Notice](#)
[Accident](#)
[Occupational Disease](#)
[Death](#)

Accident Notice

Pre Registration

NOTE :

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2) Claims processing is only done during operating hours. Click [here](#) for details.

Insured Person & Employer Registration Status

Employer Code*

A3100004132W

Notice Type

Please Choose...

New IC No.

Old IC No.

Police No.

Army No.

Please Choose...

Accident Time*

07:20 am

Please make sure the time of the accident entered correctly, if it has been registered this time cannot be updated due to system security

Identification No *

Search Cancel

LANGKAH 4:

☐ Pilih Jenis Pengenalan Diri:

- No. Kad Pengenalan Baru;
- No. Kad Pengenalan Lama;
- No. Polis;
- No. Tentera.

SKRIN PRA PENDAFTARAN NOTIS KEMALANGAN

[Home](#)
[History Claim's Listing](#)
[Submit Claim Notice](#)
[Accident](#)
[Occupational Disease](#)
[Death](#)

Accident Notice

Pre Registration

NOTE :

1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO.
2) Claims processing is only done during operating hours. [Click here](#) for details.

Insured Person & Employer Registration Status

Employer Code*

A3100004132W

Notice Type

Accident Notice

Accident Date*

Jun-28-2021

Please make sure the date of the accident entered correctly; if it has been registered this date cannot be updated due to system security

Accident Time*

07:20 am

Please make sure the time of the accident entered correctly; if it has been registered this time cannot be updated due to system security

Identification Type *

Please Choose...

Identification No *

[Search](#) [Cancel](#)

LANGKAH 5:

- ☐ Masukkan nombor Pengenalan Diri dan seterusnya tekan butang "Search"

SKRIN PRA PENDAFTARAN NOTIS KEMALANGAN

NOTE :

- 1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO.
- 2) Claims processing is only done during operating hours. Click [here](#) for details.

Insured Person & Employer Registration Status

Employer Code *

A3100004132W

Notice Type

Death Notice

Is Insured Person Still in Employment? *

Yes

Is the Death due to Accident? *

Yes

Identification Type *

New IC No.

Identification No *

5527

Cancel

Search Result

Record Not Found

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LANGKAH 6:

Nota: Sekiranya keputusan carian adalah "Record Not Found" majikan hendaklah mengemukakan tuntutan secara manual ke Pejabat PERKESO yang berhampiran.

SKRIN PRA PENDAFTARAN NOTIS KEMALANGAN

Yes Yes

Identification Type * **Identification No ***

New IC No. 911208145848

Cancel

Search Result

Notice Type

Death Notice

Insured Person Name

SAIN NADIA BINTI NORAZLAN

Identification Type **Identification No.**

New IC No. 5848

Employer Code **Employer Name**

A3100004132W CIMB BANK BERHAD

Proceed

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LANGKAH 7:

Nota: Sekiranya keputusan carian adalah berjaya tekan butang “Proceed” untuk ke menu seterusnya

Butiran Orang Berinsurans

Home

History Claim's Listing

Submit Claim Notice

Accident Notice

Insured Person Information

LANGKAH 8:

☐ Pilih Butiran Orang Berinsurans

Butiran Orang Berinsurans

Name*

AIN NADIA BINTI NORAZLAN

No	Identification Type	Identification No
1	New IC No.	5848

Date of Birth* **Race***

Gender* **Occupation***

Address*

State* **City*** **Postcode***

House Telephone No **Mobile No.**

Email Address **Nationality***

RESET **SAVE**

LANGKAH 9:

☐ Masukkan Tarikh Lahir

Butiran Orang Berinsurans

Name*

LIUW SOOK CHIN

No	Identification Type	Identification No
1	New IC No.	5398

Date of Birth*

Jun-01-2006

Race*

Chinese

Please Choose...

Malay

Chinese

Indian

Bumiputera Sabah

Bumiputera Sarawak

Others

Gender*

Female

Address*

JLN BANDAR/CECIL

State*

Wilayah Persekutuan Kuala Lumpur

Postcode*

50000

House Telephone No

0384909300

Mobile No.

Email Address

chua@gmail.com

Nationality*

Malaysia

RESET

SAVE

LANGKAH 10:

☐ Pilih Bangsa

Butiran Orang Berinsurans

Name*
LIEW SOOK CHIN

No	Identification Type	Identification No
1	New IC No.	5398

Date of Birth* Jun-01-2006 **Race*** Chinese

Gender* Female **Occupation*** clerk

State* Wilayah Persekutuan Kuala Lumpur **City*** KUALA LUMPUR **Postcode*** 50000

House Telephone No 0384909300 **Mobile No.**

Email Address chua@gmail.com **Nationality*** Malaysia

RESET SAVE

LANGKAH 11:

☐ Pilih Jantina

Butiran Orang Berinsurans

Name*		
LIEW SOOK CHIN		
No	Identification Type	Identification No
1	New IC No.	45388
Date of Birth*		Race*
Jun-01-2008		Chinese
Gender*	Occupation*	
Female	clerk	
Address*		
JLN BANDAR/CECIL		
State*	City*	Postcode*
Wilayah Persekutuan Kuala Lumpur	KUALA LUMPUR	50000
House Telephone No		Mobile No.
038490		
Email Address		Nationality*
chua@gmail.com		Malaysia
		RESET SAVE

LANGKAH 12:

☐ Masukkan Pekerja

Butiran Orang Berinsurans

Name*
LIEW SOOK CHIN

No	Identification Type	Identification No
1	New IC No.	[REDACTED] 45398

Date of Birth* Jun-01-2006 **Race*** Chinese

Gender* Female **Occupation*** Clerk

Address* JLN BANDAR/CECIL

State* Wilayah Persekutuan Kuala Lumpur **City*** KUALA LUMPUR **Postcode*** 50000

House Telephone No 038490 [REDACTED] **Mobile No.** [REDACTED]

Email Address chuae [REDACTED] **Nationality*** Malaysia

RESET **SAVE**

LANGKAH 13:

- ☐ Masukkan Alamat
- ☐ Pilih Negeri
- ☐ Pilih Bandar
- ☐ Pilih Poskod
- ☐ Masukkan No. Telefon Rumah
- ☐ Masukkan No. Telefon Bimbit
- ☐ Masukkan Alamat E mel
- ☐ Pilih Kewarnegaraan

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

History Claim's Listing
Submit Claim Notice

Employer Information

Employer Code A3100004132W		Employer Name CIMB BANK BERHAD
Business Entity Corporation	Sub-Business Entity Berhad	Sub-Business Entity List
Service Type Non Professional Bodies	Industry Code 64	Sub-Industry Code List FINANCIAL SERVICE ACTIVITIES, EXCEPT INSURANCE/TAKAFUL AND PENS
Address* JLN BANDAR CECIL		
State * Wilayah Persekutuan Kuala Lumpur	City * WANGSA MAJU	Postcode * 51000
Telephone No. * 104780549	Fax No. 	
Email Address * norashikin@yahoo.com		

RESET
SAVE

LANGKAH 14:

- ☐ Masukkan Alamat
- ☐ Pilih Negeri
- ☐ Pilih Bandar
- ☐ Pilih Poskod
- ☐ Masukkan No. Telefon
- ☐ Masukkan No. Fax
- ☐ Masukkan Alamat E mel
- ☐ Pilih Kewarnegaraan

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

Accident Information

Date of Death
Dec-01-2020

Accident Date *

Accident Time *
03:39 pm

Place of Accident *
Inside Employer Premise

When the accident happen? *
While working

How the Accident Happened? *

Injury Description *

Is Accident Date a Working Day for the Insured Person *
☒ Yes ☐ No

Start Working Time on Accident Day *
03:39 pm

Ending Time of Work on The Accident Day *
03:39 pm

Name of Witness (if any)

Witness Phone No.

Name and Address of Clinic Which Provides First Treatment

RESET SAVE

LANGKAH 15:

- ☐ Masukkan Tarikh Kemalangan
- ☐ Masukkan Masa Kemalangan
- ☐ Pilih Tempat Kemalangan
- ☐ Pilih Bila Kemalangan Berlaku
- ☐ Nyatakan Bagaimana Kemalangan Berlaku
- ☐ Nyatakan Perihal Kecederaan
- ☐ Pilih "Yes" atau "No" Pada Hari Kemalangan Adalah Hari Bekerja Orang Berinsurans

Nota: Pilih Butang "Save" setelah maklumat mandatori (*) telah dilengkapkan.

Accident Information

Date of Death
Dec-01-2020

Accident Date *

Accident Time *
03:39 pm

Place of Accident *
Inside Employer Premise

When the accident happen? *
While working

How the Accident Happened? *

Injury Description *

Is Accident Date a Working Day for the Insured Person *

☒ Yes ☐ No

Start Working Time on Accident Day *
03:39 pm

Ending Time of Work on The Accident Day *
03:39 pm

Name of Witness (If any)

Witness Phone No

Name and Address of Clinic Which Provides First Treatment

RESET

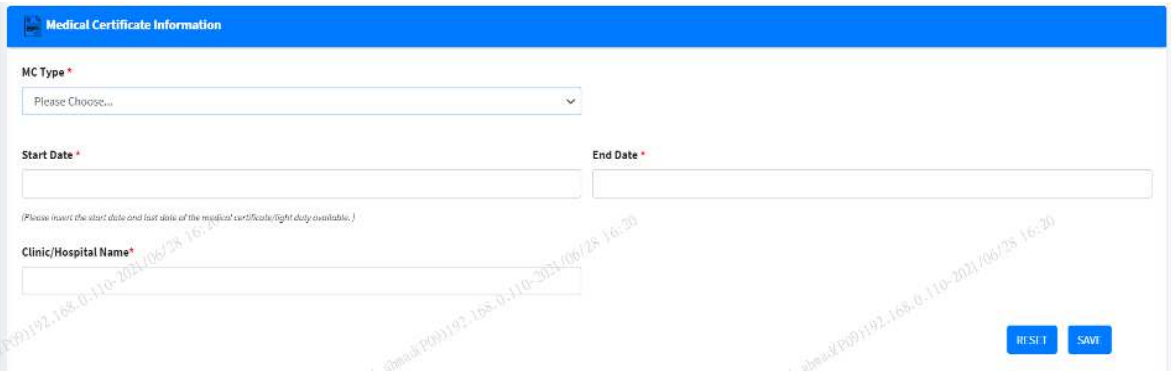
SAVE

LANGKAH 16:

- ☐ Pilih Waktu Mula Kerja Pada Hari Kemalangan
- ☐ Pilih Waktu Tamat Kerja Pada Hari Kemalangan
- ☐ Nyatakan Nama Saksi (Sekiranya Ada)
- ☐ Nyatakan No. Telefon Saksi

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

Butiran Sijil Perubatan



The screenshot shows a web form titled "Medical Certificate Information". It contains the following fields:

- MC Type ***: A dropdown menu with the text "Please Choose..." and a downward arrow.
- Start Date ***: A text input field.
- End Date ***: A text input field.
- Clinic/Hospital Name ***: A text input field.

Below the "Start Date" and "End Date" fields, there is a small note: "(Please insert the start date and last date of the medical certificate/night duty available.)". At the bottom right of the form, there are two buttons: "RESET" and "SAVE".

LANGKAH 17:

- ☐ Pilih Jenis MC
- ☐ Pilih Tarikh Bermula
- ☐ Pilih Tarikh Terakhir
- ☐ Nyatakan Nama Klinik/Hospital

Nota: Pilih Butang "Save" setelah maklumat mandatori (*) telah dilengkapi.

Butiran Gaji

Wages Information

Employer Code
A3100004132W
Employer Name
CIMB BANK BERHAD

Employment Start Date
Apr-01-2012
Employment End Date
-

Do wages Paid on the Day of Accident?
☒ Yes
☐ No

Details of Wages for the period of 6 consecutive months before the month of MC/Notice date*

No	Year	Month	Wages (RM)
1	2020	10	
2	2020	09	
3	2020	08	
4	2020	07	
5	2020	06	
6	2020	05	

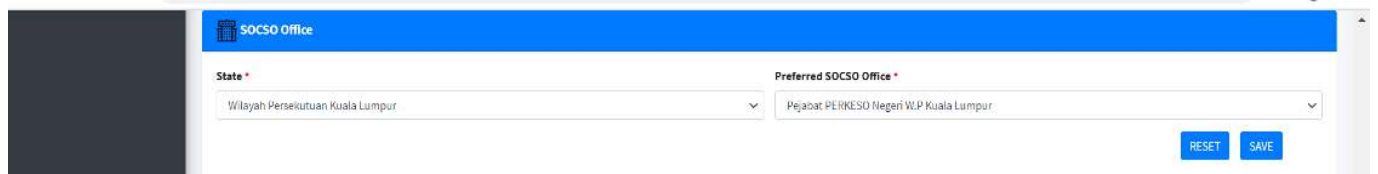
RESET
SAVE

LANGKAH 18:

- ☐ Pilih “Yes” atau “No” Adakah Gaji Dibayar Pada Hari Kemalangan
- ☐ Masukkan Gaji Pada Bulan dan Tahun Yang Tertera.

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

Butiran Pejabat PERKESO



The screenshot shows a web form titled "SOCSO Office". It contains two dropdown menus. The first dropdown is labeled "State *" and has "Wilayah Persekutuan Kuala Lumpur" selected. The second dropdown is labeled "Preferred SOCSO Office *" and has "Pejabat PERKESO Negeri W.P Kuala Lumpur" selected. Below the dropdowns are two buttons: "RESET" and "SAVE".

LANGKAH 19:

- ☐ Pilih Negeri
- ☐ Pilih Pilihan Pejabat PERKESO

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

Butiran Pengesahan Majikan

Employer Certification

Name *

Designation *

Date

Jun-23-2021 16:02:40

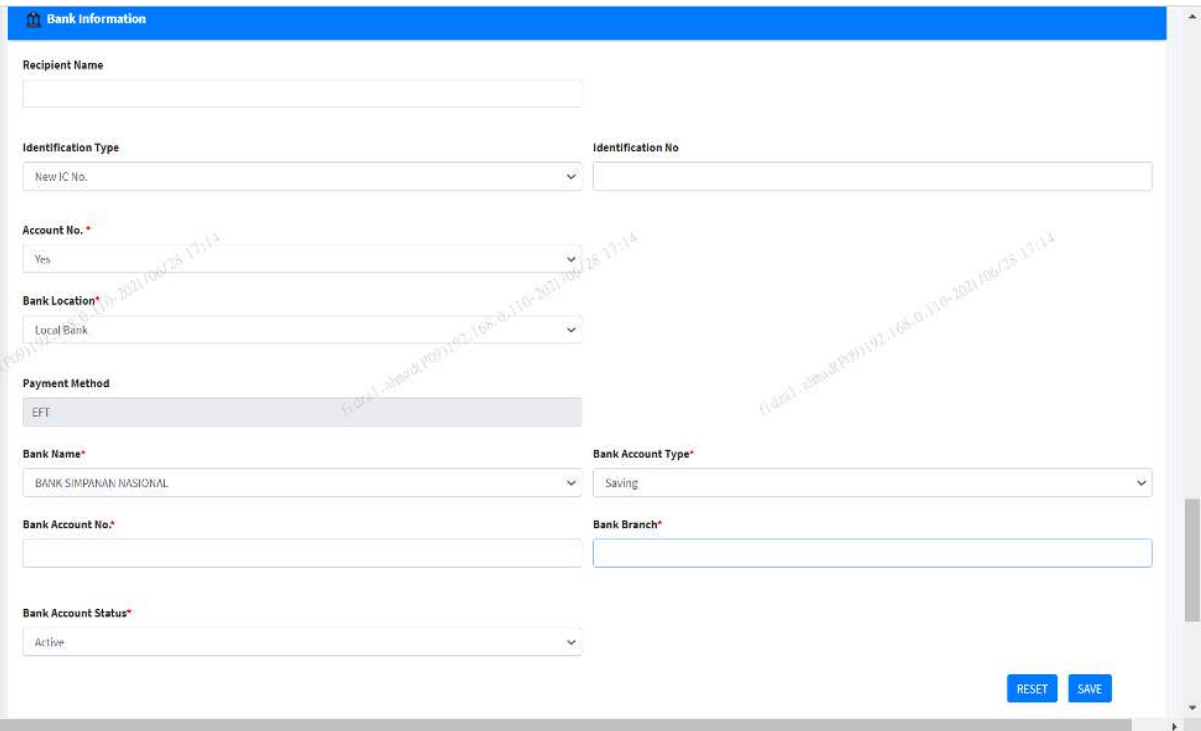
RESET

SAVE

LANGKAH 20:

- ☐ Masukkan Nama
- ☐ Masukkan Jawatan

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.



Bank information

Recipient Name

Identification Type: New IC No.

Identification No.

Account No.*: Yes

Bank Location*: Local Bank

Payment Method: EFT

Bank Name*: BANK SIMPANAN NASIONAL

Bank Account Type*: Saving

Bank Account No.*

Bank Branch*

Bank Account Status*: Active

RESET SAVE

LANGKAH 21:

- ☐ Masukkan Nama
- ☐ Pilih Jenis Pengenalan Diri:
 - No. Kad Pengenalan Baru;
 - No. Kad Pengenalan Lama;
 - No. Polis;
 - No. Tentera.
- ☐ Masukkan No. Pengenalan Diri
- ☐ Pilih No. Akaun
- ☐ Pilih Lokasi Bank
- ☐ Pilih Nama Bank

...sambungan

Bank information

Recipient Name

Identification Type

New IC No.

Identification No

Account No.*

Yes

Bank Location*

Local Bank

Payment Method

EFT

Bank Name*

BANK SIMPANAN NASIONAL

Bank Account Type*

Saving

Bank Account No.*

Bank Branch*

Bank Account Status*

Active

RESET

SAVE

LANGKAH 22:

- ☐ Pilih Cara Bayaran
- ☐ Pilih Nama Bank
- ☐ Pilih Jenis Akaun Bank
- ☐ Pilih Status Akaun Bank

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan

Upload Date	Document Type	Uploaded Document	Action
No record of Supporting Document.			

Add Document

Document Description *

Please Choose...

Document Type *

Please Choose...

Upload *

Allow format: pdf/doc/docx/pgz/jpeg/gif/zip

Upload File

NOTE :

* Mandatory to upload **certificate** if MC / Light Duty information is filled.

* Mandatory to upload **Bank Account Verification Letter** if Bank information is filled.

* **Section J (Form 34)** must be completed by the claimant.

LANGKAH 23:

- ☐ Pilih Dokumen
- ☐ Pilih Jenis Dokumen “Asal” atau “Salinan”
- ☐ Muat Naik Dokumen

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan

Penanda Butiran Telah Lengkap



Nota: Sekiranya semua butiran telah dilengkapi tekan butang “Submit” dan proses tuntutan selesai.



**SEBARANG PERTANYAAN & ADUAN
SILA HUBUNGI:**

PERTUBUHAN KESELAMATAN SOSIAL

**Talian Khidmat Pelanggan:
1 300 22 8000**

Emel : perkeso@perkeso.gov.my

Web : www.perkeso.gov.my

NOTIS KEMALANGAN



MANUAL PENGGUNA PORTAL PERMOHONAN FAEDAH

NOTIS KEMATIAN

TABLE OF CONTENT

PERKARA

MUKASURAT

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☐ Skrin Pemilihan Permohonan	7
☐ Skrin Pra Pendaftaran Notis Kematian	8-14
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Pengenalan

Manual pengguna ini adalah bertujuan sebagai panduan kepada majikan untuk memahami dengan lebih lanjut berkenaan langkah-langkah yang betul bagi melengkapkan setiap permohonan.

Sebagai makluman majikan, Portal Permohonan Faedah PERKESO berfungsi selaku platform penghantaran Borang Tuntutan Skim-Skim PERKESO yang meliputi beberapa faedah seperti Notis Kemalangan, Notis Penyakit Khidmat dan Notis Kematian.

Semoga inisiatif ini bakal memberikan manfaat kepada majikan dan pekerja di dalam memastikan pemprosesan dan penerimaan hak-hak keselamatan sosial yang disediakan oleh PERKESO dapat dilaksanakan dengan segera, komprehensif dan efisien.

PERKESO Itu Prihatin, Prihatin Itu PERKESO

SKRIN SIGN IN



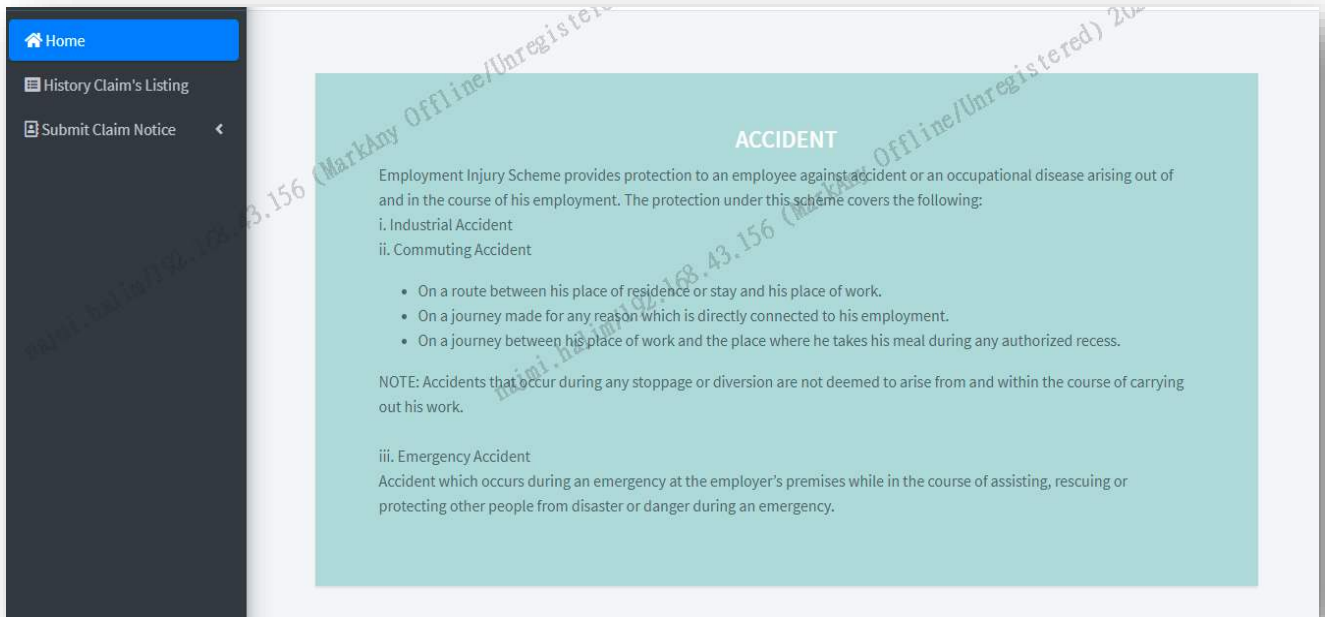
Login

LANGKAH 1:

- ☐ Masukkan emel dan kata laluan majikan untuk mengakses ke dalam portal.

*Nota

ID Pengguna dan Kata Laluan portal adalah sama seperti akses di dalam Portal ASSIST PERKESO



Paparan Skrin Muka Hadapan:

Informasi mengenai Kemalangan, Kematian dan Penyakit Khidmat di bawah Skim Bencana Pekerjaan.

SKRIN SEJARAH SENARAI TUNTUTAN

Home
History Claim's Listing
Submit Claim Notice

History Claim's Listing

Show 10 entries

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Occupational Disease	5398	LIEW SOOK CHIN			Submitted	

Showing 1 to 2 of 2 entries

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Menu Sejarah Tuntutan:

- ☐ Pilih menu “History Claim’s Notice” untuk melihat senarai tuntutan yang pernah dilakukan oleh majikan;
- ☐ Tekan butang ‘action’ untuk melihat paparan butiran maklumat penghantaran yang telah dilakukan

SKRIN PILIHAN PERMOHONAN

Home

History Claim's Listing

Submit Claim Notice

Accident

Occupational Disease

Death

History Claim's Listing

Show 10 entries

Search:

Notice Type	Employee Identification No	Employee Name	Accident Date	Accident Time	Status	Action
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Occupational Disease	5398	LIEW SOOK CHIN			Submitted	

Showing 1 to 2 of 2 entries

Previous

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Next

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Version 1.0.0

LANGKAH 2:

- ☐ Pilih menu 'Submit Claim Notice'
- ☐ Pilih menu 'Death' untuk skrin seterusnya,

SKRIN PRA PENDAFTARAN NOTIS KEMATIAN

Pre Registration

NOTE :
1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO.
2) Claims processing is only done during operating hours. Click [here](#) for details.

Insured Person & Employer Registration Status

Employer Code*
B3400021195W

Notice Type
Death Notice

Is Insured Person Still in Employment?*
Please Choose...

Is the Death due to Accident?*
Please Choose...

Identification Type*
Please Choose...

Identification No *

Search **Cancel**

LANGKAH 3:

- ☐ Masukkan pilihan-pilihan yang telah diberi.

SKRIN PRA PENDAFTARAN NOTIS KEMATIAN

[Home](#)
[History Claim's Listing](#)
[Submit Claim Notice](#)
[Accident](#)
[Occupational Disease](#)
[Death](#)

Death Notice

Pre Registration

NOTE :

1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO.

2) Claims processing is only done during operating hours. Click [here](#) for details.

Insured Person & Employer Registration Status

Employer Code*

A3100004132W

Notice Type

Death Notice

Is Insured Person Still in Employment? *

Please Choose...

Please Choose...

Yes

No

Is the Death due to Accident? *

Please Choose...

Identification No *

[Search](#) [Cancel](#)

LANGKAH 4:

- ☐ Pilih “Yes” atau “No” untuk soalan “Is Insured Person Still In Employment”.

SKRIN PRA PENDAFTARAN NOTIS KEMATIAN

Home

History Claim's Listing

Submit Claim Notice

Accident

Occupational Disease

Death

Death Notice

Pre Registration

NOTE :

1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO.
2) Claims processing is only done during operating hours. Click [here](#) for details.

Insured Person & Employer Registration Status

Employer Code*

A3100004132W

Notice Type

Death Notice

Is Insured Person Still in Employment?*

Please Choose...

Is the Death due to Accident? *

Please Choose...

Yes

No

Identification Type *

Please Choose...

Search

Cancel

LANGKAH 5:

- Pilih “Yes” atau “No” untuk soalan “Is Death Due To Accident”

SKRIN PRA PENDAFTARAN NOTIS KEMATIAN

Accident

Occupational Disease

Death

NOTE :

1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO.
2) Claims processing is only done during operating hours. Click [here](#) for details.

Insured Person & Employer Registration Status

Employer Code *

A3100004132W

Is the Death due to Accident? *

Please Choose...

Identification No *

Please Choose...

New IC No.

Old IC No.

Police No.

Army No.

Please Choose...

Search **Cancel**

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LANGKAH 6:

☐ Pilih Jenis Pengenalan Diri:

- No. Kad Pengenalan Baru;
- No. Kad Pengenalan Lama;
- No. Polis;
- No. Tentera.

SKRIN PRA PENDAFTARAN NOTIS KEMATIAN

Accident

Occupational Disease

Death

NOTE :

1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO.
2) Claims processing is only done during operating hours. Click [here](#) for details.

Insured Person & Employer Registration Status

Employer Code*

A3100004132W

Notice Type

Death Notice

Is Insured Person Still in Employment?*

Please Choose...

Is the Death due to Accident?*

Please Choose...

Identification Type*

Please Choose...

Identification No.*

Search

Cancel

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Version 1.0.0

LANGKAH 7:

- ☐ Masukkan nombor Pengenalan Diri dan seterusnya tekan butang "Search"

SKRIN PRA PENDAFTARAN NOTIS KEMATIAN

NOTE :

- 1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO.
- 2) Claims processing is only done during operating hours. Click [here](#) for details.

Insured Person & Employer Registration Status

Employer Code*

A3100004132W

Notice Type

Death Notice

Is Insured Person Still in Employment?*

Yes

Is the Death due to Accident? *

Yes

Identification Type *

New IC No.

Identification No *

5527

Cancel

Search Result

Record Not Found

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Version 3.0.0

LANGKAH 8:

Nota: Sekiranya keputusan carian adalah "Record Not Found" majikan hendaklah mengemukakan tuntutan secara manual ke Pejabat PERKESO yang berhampiran.

SKRIN PRA PENDAFTARAN NOTIS KEMATIAN

Yes Yes

Identification Type * Identification No *

New IC No. 911208145848

Cancel

Search Result

Notice Type

Death Notice

Insured Person Name

AIN NADIA BINTI NORAZLAN

Identification Type Identification No.

New IC No. 5848

Employer Code Employer Name

AS100004132W CIMB BANK BERHAD

Proceed

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LANGKAH 9:

Nota: Sekiranya keputusan carian adalah berjaya tekan butang “Proceed” untuk ke menu seterusnya

Butiran Orang Berinsurans

BARISTA PERKESO

Home

History Claim's Listing

Submit Claim Notice

Death Notice

Insured Person Information

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Version 1.0.0

LANGKAH 10:

☐ Pilih Butiran Orang Berinsurans

Butiran Orang Berinsurans

Name*

AIN NADIA BINTI NORAZLAN

No	Identification Type	Identification No
1	New IC No.	5848

Date of Birth*

Race*

Please Choose...

Gender*

Female

Occupation*

Address*

State*

Please Choose...

City*

Please Choose...

Postcode*

House Telephone No

Mobile No.

Email Address

Nationality*

Please Choose...

RESET

SAVE

LANGKAH 11:

☐ Masukkan Tarikh Lahir

Butiran Orang Berinsurans

Name*

LIOW SOOK CHIN

No	Identification Type	Identification No
1	New IC No.	5398

Date of Birth*

Jun-01-2006

Race*

Chinese

Please Choose...
Malay
Chinese
Indian
Bumiputera Sabah
Bumiputera Sarawak
Others

Gender*

Female

Address*

JLN BANDAR/CEGIL

State*

Wilayah Persekutuan Kuala Lumpur

Postcode*

50000

House Telephone No

0384909300

Mobile No.

Email Address

chua@gmail.com

Nationality*

Malaysia

RESET

SAVE

LANGKAH 12:

☐ Pilih Bangsa

Butiran Orang Berinsurans

Name*
LIEW SOOK CHIN

No	Identification Type	Identification No
1	New IC No.	5398

Date of Birth* Jun-01-2006 **Race*** Chinese

Gender* Female **Occupation*** clerk

State* Wilayah Persekutuan Kuala Lumpur **City*** KUALA LUMPUR **Postcode*** 50000

House Telephone No 0384909300 **Mobile No.**

Email Address chua@gmail.com **Nationality*** Malaysia

[RESET](#) [SAVE](#)

LANGKAH 13:

☐ Pilih Jantina

Butiran Orang Berinsurans

Name*
LIEW SOOK CHIN

No	Identification Type	Identification No
1	New IC No.	45398

Date of Birth* Jun-01-2006 Race* Chinese

Gender* Female Occupation* clerk

Address* JLN BANDAR/CECIL

State* Wilayah Persekutuan Kuala Lumpur City* KUALA LUMPUR Postcode* 50000

House Telephone No 038420 Mobile No.

Email Address chua@gmail.com Nationality* Malaysia

RESET SAVE

LANGKAH 14:

☐ Masukkan Pekerja

Butiran Orang Berinsurans

Name*
LEW SOOK CHIN

No	Identification Type	Identification No
1	New IC No.	45398

Date of Birth* Jun-01-2006 **Race*** Chinese

Gender* Female **Occupation*** clerk

Address* JLN BANDAR/CECIL

State* Wilayah Persekutuan Kuala Lumpur **City*** KUALA LUMPUR **Postcode*** 50000

House Telephone No 038490 **Mobile No.**

Email Address chuaC **Nationality*** Malaysia

[RESET](#) [SAVE](#)

LANGKAH 15:

- ☐ Masukkan Alamat
- ☐ Pilih Negeri
- ☐ Pilih Bandar
- ☐ Pilih Poskod
- ☐ Masukkan No. Telefon Rumah
- ☐ Masukkan No. Telefon Bimbit
- ☐ Masukkan Alamat E mel
- ☐ Pilih Kewarnegaraan

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

History Claim's Listing
Submit Claim Notice

Employer Information

Employer Code	Employer Name	
A3100004132W	CIMB BANK BERHAD	
Business Entity	Sub-Business Entity	Sub-Business Entity List
Corporation	Berhad	
Service Type	Industry Code	Sub-Industry Code List
Non-Professional Bodies	64	FINANCIAL SERVICE ACTIVITIES, EXCEPT INSURANCE/TAKAFUL AND PENS
Address*		
JLN BANDAR/CECIL		
State *	City *	Postcode *
Wilayah Persekutuan Kuala Lumpur	WANGSA MAJU	51050
Telephone No. *	Fax No.	
184780543		
Email Address *		
norashikin@yahoo.com		

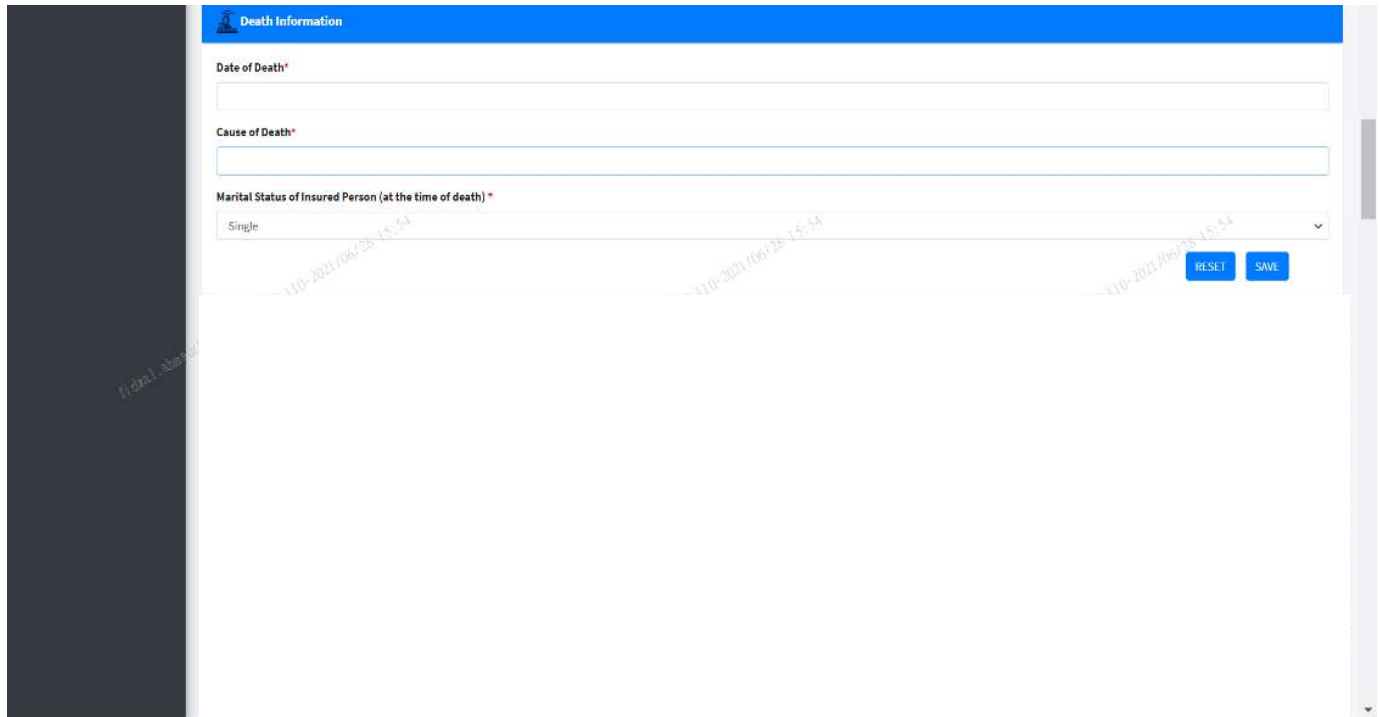
RESET
SAVE

LANGKAH 16:

- ☐ Masukkan Alamat
- ☐ Pilih Negeri
- ☐ Pilih Bandar
- ☐ Pilih Poskod
- ☐ Masukkan No. Telefon
- ☐ Masukkan No. Fax
- ☐ Masukkan Alamat E mel
- ☐ Pilih Kewarnegaraan

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

Butiran Kematian



LANGKAH 17:

- ☐ Masukkan Tarikh Mati
- ☐ Masukkan Sebab Kematian
- ☐ Pilih Status Perkahwinan

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

Accident Information

Date of Death
Dec-01-2020

Accident Date *

Accident Time *
03:39 pm

Place of Accident *
Inside Employer Premise

When the accident happen? *
While working

How the Accident Happened? *

Injury Description *

Is Accident Date a Working Day for the Insured Person *
☒ Yes ☐ No

Start Working Time on Accident Day *
03:39 pm

Ending Time of Work on The Accident Day *
03:39 pm

Name of Witness (if any)

Witness Phone No

Name and Address of Clinic Which Provides First Treatment

RESET SAVE

LANGKAH 18:

- ☐ Masukkan Tarikh Kemalangan
- ☐ Masukkan Masa Kemalangan
- ☐ Pilih Tempat Kemalangan
- ☐ Pilih Bila Kemalangan Berlaku
- ☐ Nyatakan Bagaimana Kemalangan Berlaku
- ☐ Nyatakan Perihal Kecederaan
- ☐ Pilih “Yes” atau “No” Pada Hari Kemalangan Adalah Hari Bekerja Orang Berinsurans

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

Accident Information

Date of Death
Dec-01-2020

Accident Date *

Accident Time *
03:39 pm

Place of Accident *
Inside Employer Premise

When the accident happen? *
While working

How the Accident Happened? *

Injury Description *

Is Accident Date a Working Day for the Insured Person *
☒ Yes ☐ No

Start Working Time on Accident Day *
03:39 pm

Ending Time of Work on The Accident Day *
03:39 pm

Name of Witness (if any)

Witness Phone No

Name and Address of Clinic Which Provides First Treatment

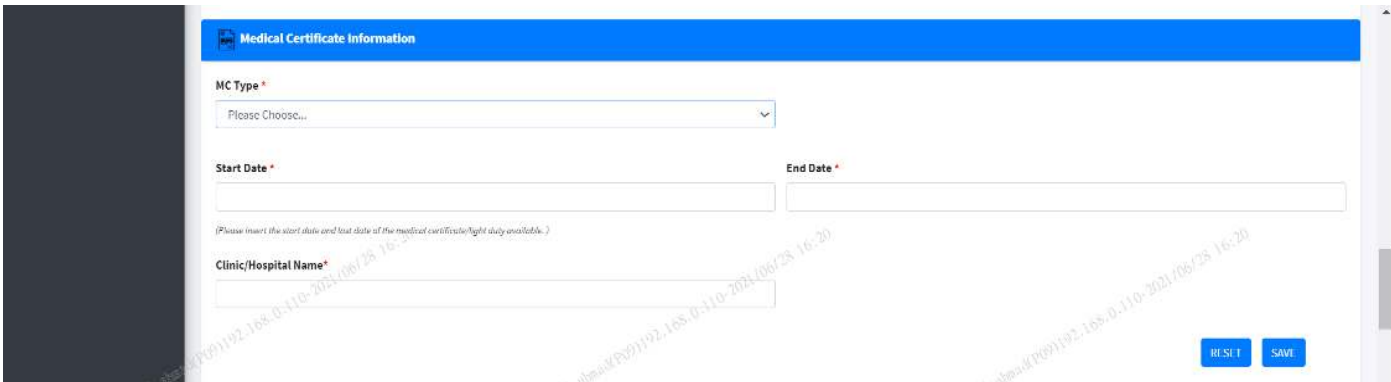
RESET SAVE

LANGKAH 18:

- ☐ Pilih Waktu Mula Kerja Pada Hari Kemalangan
- ☐ Pilih Waktu Tamat Kerja Pada Hari Kemalangan
- ☐ Nyatakan Nama Saksi (Sekiranya Ada)
- ☐ Nyatakan No. Telefon Saksi

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

Butiran Sijil Perubatan



The screenshot shows a web form titled "Medical Certificate Information". It contains the following fields:

- MC Type ***: A dropdown menu with the text "Please Choose..." and a downward arrow.
- Start Date ***: A text input field.
- End Date ***: A text input field.
- (Please insert the start date and last date of the medical certificate/night duty available.)
- Clinic/Hospital Name ***: A text input field.
- Buttons**: "BLSLT" and "SAVE" buttons at the bottom right.

Watermarks are visible across the form, including the text "ibm.ac.id (709) 1192.168.0-110-2021/08/28 16:20".

LANGKAH 19:

- ☐ Pilih Jenis MC
- ☐ Pilih Tarikh Bermula
- ☐ Pilih Tarikh Terakhir
- ☐ Nyatakan Nama Klinik/Hospital

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

Butiran Orang Tanggungan

Dependent Information

Dependent info available ☒

List of Dependent Information

No	Dependent Name	ID No	Date of Birth	Relationship	Action
No record.					

ADD DEPENDENT

LANGKAH 20:

- ☐ Pilih Butiran Orang Tanggungan Sekiranya Ada.
- ☐ Pilih Tambah Orang Tanggungan (untuk masukkan butiran)

Butiran Orang Tanggungan

Add Dependent Information

Dependent Name *

Identification Type * Identification No *

Gender * Date of Birth *

Relationship with Insured Person *

Dependent Status

Demised Date

Address

State City Postcode

Telephone No. Mobile No.

Email Address

RESET SAVE

LANGKAH 21:

- ☐ Masukkan Nama Orang Tanggungan
- ☐ Pilih Jenis Pengenalan Diri:
 - ☐ No. Kad Pengenalan Baru;
 - ☐ No. Kad Pengenalan Lama;
 - ☐ No. Polis;
 - ☐ No. Tentera.
- ☐ Masukkan No. Pengenalan Diri
- ☐ Pilih Jantina
- ☐ Masukkan Tarikh Lahir
- ☐ Pilih Hubungan Pertalian Dengan Orang Berinsurans

Butiran Orang Tanggungan

Add Dependent Information

Dependent Name *

Identification Type *

Please Choose...

Identification No *

Gender *

Please Choose...

Date of Birth *

Relationship with Insured Person *

Please Choose...

Dependent Status

Please Choose...

Demised Date

Address

State

City

Postcode

Telephone No.

Mobile No.

Email Address

RESET

SAVE

LANGKAH 21:

- ☐ Pilih Status Orang Tanggungan
- ☐ Pilih Tarikh Kematian (sekiranya ada)
- ☐ Nyatakan Alamat
- ☐ Pilih Negeri
- ☐ Pilih Bandar
- ☐ Masukkan Poskod
- ☐ Masukkan No. Telefon
- ☐ Masukkan No. Telefon Bimbit
- ☐ Masukkan Alamat E mel

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapi.

Butiran Gaji

Wages Information

Employer Code

A3100004132W

Employer Name

CIMB BANK BERHAD

Employment Start Date

Apr-01-2012

Employment End Date

-

Do wages Paid on the Day of Accident?

☒ Yes
 ☐ No

Details of Wages for the period of 6 consecutive months before the month of MC/Notice date*

No	Year	Month	Wages (RM)
1	2020	10	
2	2020	09	
3	2020	08	
4	2020	07	
5	2020	06	
6	2020	05	

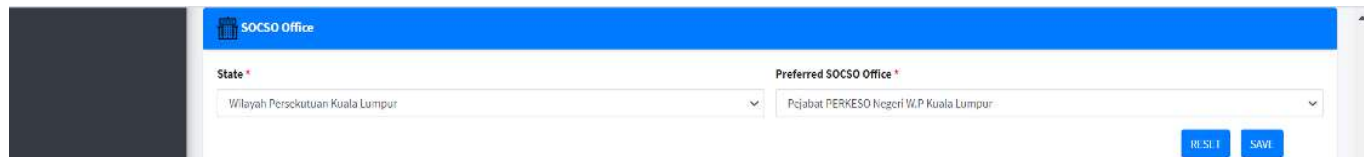
RESET

SAVE

- LANGKAH 22:**
- ☐ Pilih “Yes” atau “No” Adakah Gaji Dibayar Pada Hari Kemalangan
 - ☐ Masukkan Gaji Pada Bulan dan Tahun Yang Tertera.

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

Butiran Pejabat PERKESO



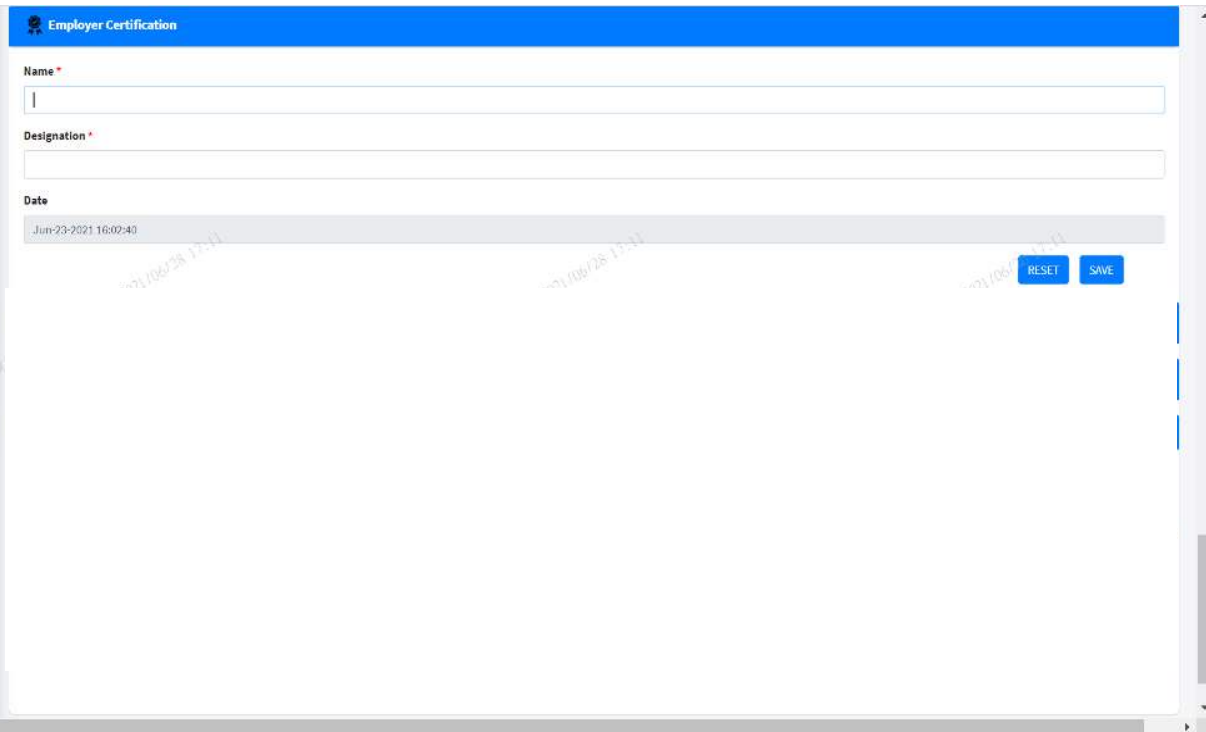
The screenshot shows a web interface for selecting a SOCSO Office. It features a blue header bar with the text "SOCSO Office". Below the header, there are two dropdown menus. The first dropdown is labeled "State *" and has "Wilayah Persekutuan Kuala Lumpur" selected. The second dropdown is labeled "Preferred SOCSO Office *" and has "Pejabat PERKESO Negeri W.P Kuala Lumpur" selected. At the bottom right of the form, there are two buttons: "RESET" and "SAVE".

LANGKAH 23:

- ☐ Pilih Negeri
- ☐ Pilih Pilihan Pejabat PERKESO

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

Butiran Pengesahan Majikan

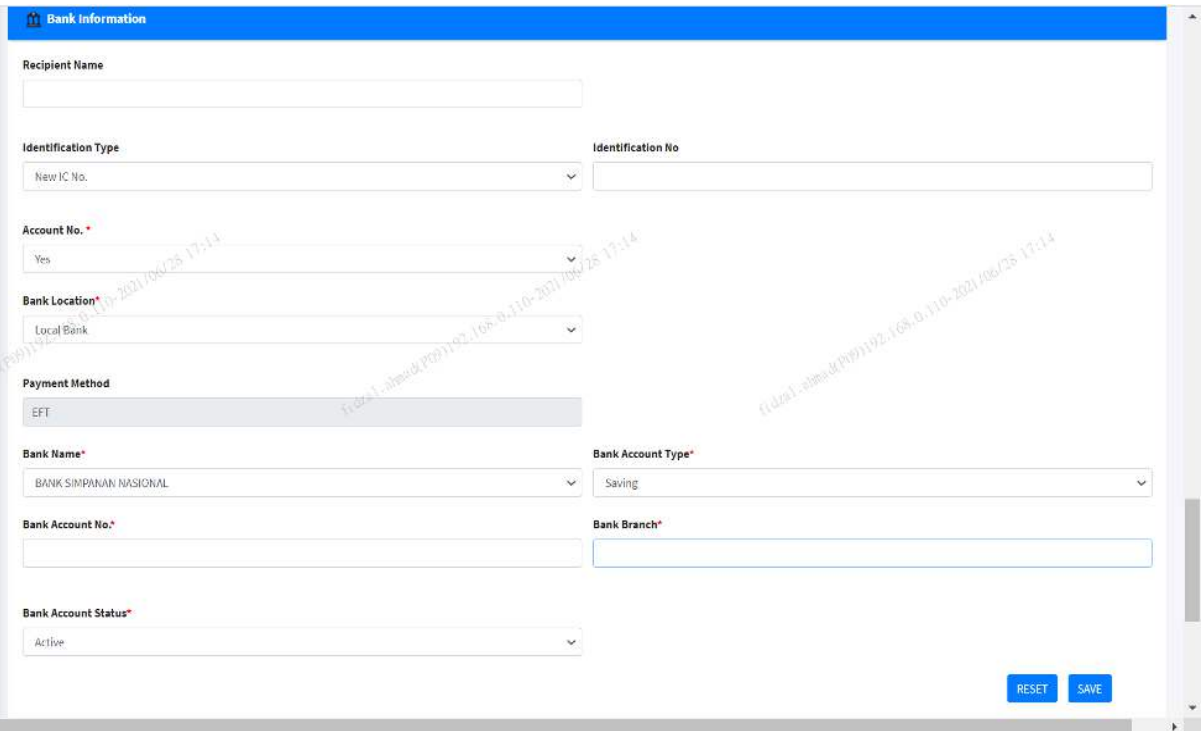


The screenshot shows a web application window titled "Employer Certification". It contains three input fields: "Name *" with a single character "I", "Designation *" which is empty, and "Date" which is pre-filled with ".Jun-23-2021 16:09:40". At the bottom right of the form are two buttons: "RESET" and "SAVE". The interface has a blue header bar and a dark grey sidebar on the left.

LANGKAH 24:

- ☐ Masukkan Nama
- ☐ Masukkan Jawatan

Nota: Pilih Butang "Save" setelah maklumat mandatori (*) telah dilengkapi.



Bank information

Recipient Name

Identification Type: New IC No.

Identification No.

Account No.*: Yes

Bank Location*: Local Bank

Payment Method: EFT

Bank Name*: BANK SIMPANAN NASIONAL

Bank Account Type*: Saving

Bank Account No.*

Bank Branch*

Bank Account Status*: Active

RESET SAVE

LANGKAH 25:

- ☐ Masukkan Nama
- ☐ Pilih Jenis Pengenalan Diri:
 - No. Kad Pengenalan Baru;
 - No. Kad Pengenalan Lama;
 - No. Polis;
 - No. Tentera.
- ☐ Masukkan No. Pengenalan Diri
- ☐ Pilih No. Akaun
- ☐ Pilih Lokasi Bank
- ☐ Pilih Nama Bank

...sambungan

Bank information

Recipient Name

Identification Type

New IC No.

Identification No

Account No.*

Yes

Bank Location*

Local Bank

Payment Method

EFT

Bank Name*

BANK SIMPANAN NASIONAL

Bank Account Type*

Saving

Bank Account No.*

Bank Branch*

Bank Account Status*

Active

RESET

SAVE

LANGKAH 26:

- ☐ Pilih Cara Bayaran
- ☐ Pilih Nama Bank
- ☐ Pilih Jenis Akaun Bank
- ☐ Pilih Status Akaun Bank

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan

Butiran Dokumen Sokongan

Upload Date	Document Type	Uploaded Document	Action
No record of Supporting Document.			

Add Document

Document Description *

Please Choose...

Document Type*

Please Choose...

Upload *

Allowed formats: pdf, doc, docx, jpeg, png, gif, mp3, MP3

Upload File Browse...

Upload

NOTE :

- * Mandatory to upload **certificate** if MC / Light Duty information is filled.
- * Mandatory to upload **Bank Account Verification Letter** if Bank information is filled.
- * **Section J (Form 34)** must be completed by the claimant.

LANGKAH 27:

- ☐ Pilih Dokumen
- ☐ Pilih Jenis Dokumen “Asal” atau “Salinan”
- ☐ Muat Naik Dokumen

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan

Penanda Butiran Telah Lengkap



Nota: Sekiranya semua butiran telah dilengkapkan tekan butang “Submit” dan proses tuntutan selesai.



**SEBARANG PERTANYAAN & ADUAN
SILA HUBUNGI:**

PERTUBUHAN KESELAMATAN SOSIAL

**Talian Khidmat Pelanggan:
1 300 22 8000**

Emel : perkeso@perkeso.gov.my

Web : www.perkeso.gov.my

NOTIS KEMATIAN



MANUAL PENGGUNA PORTAL PERMOHONAN FAEDAH

NOTIS PENYAKIT KHIDMAT

TABLE OF CONTENT

PERKARA

MUKASURAT

☐ Latar Belakang	3
☐ Skrin Sign In	4
☐ Skrin Info	5
☐ Skrin Sejarah Senarai Tuntutan	6
☐ Skrin Pemilihan Permohonan	7
☐ Skrin Pra Pendaftaran	8-12
☐ Skrin Tuntutan Notis Penyakit Khidmat	13-29



Pengenalan

Manual pengguna ini adalah bertujuan sebagai panduan kepada majikan untuk memahami dengan lebih lanjut berkenaan langkah-langkah yang betul bagi melengkapkan setiap permohonan.

Sebagai makluman majikan, Portal Permohonan Faedah PERKESO berfungsi selaku platform penghantaran Borang Tuntutan Skim-Skim PERKESO yang meliputi beberapa faedah seperti Notis Kemalangan, Notis Penyakit Khidmat dan Notis Kematian.

Semoga inisiatif ini bakal memberikan manfaat kepada majikan dan pekerja di dalam memastikan pemprosesan dan penerimaan hak-hak keselamatan sosial yang disediakan oleh PERKESO dapat dilaksanakan dengan segera, komprehensif dan efisien.

PERKESO Itu Prihatin, Prihatin Itu PERKESO

SKRIN SIGN IN



Login

E-mail Address

Password

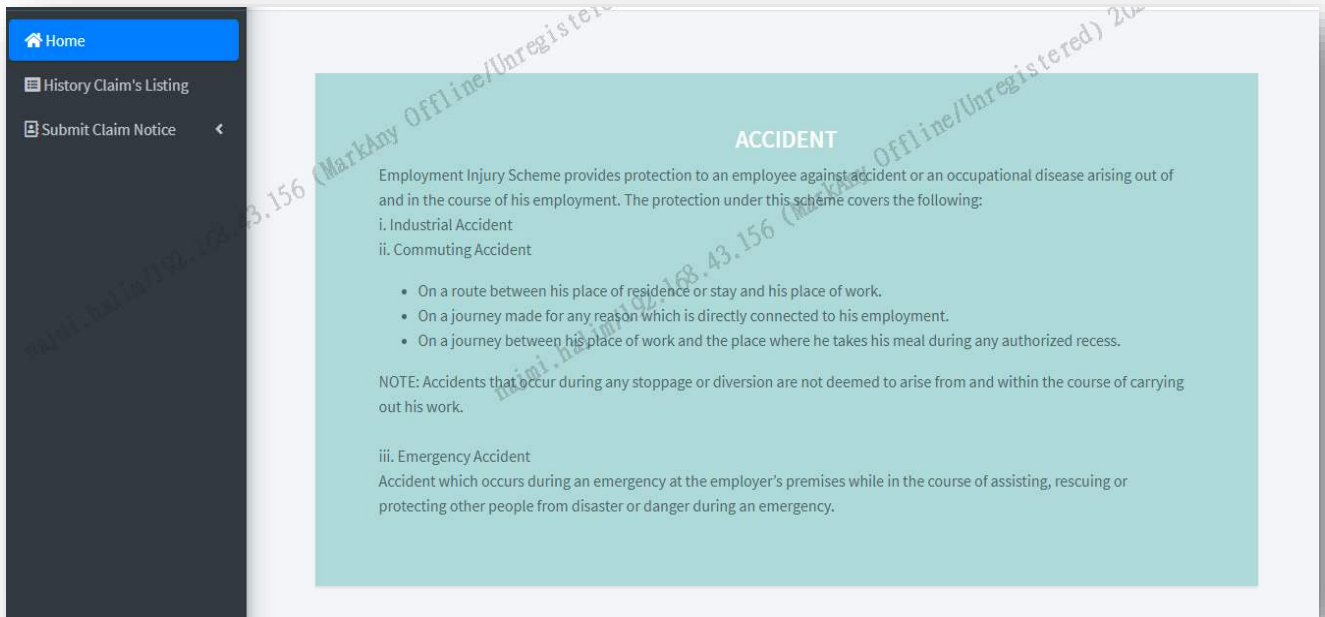
Login

LANGKAH 1:

- ☐ Masukkan emel dan kata laluan majikan untuk mengakses ke dalam portal.

*Nota

ID Pengguna dan Kata Laluan portal adalah sama seperti akses di dalam Portal ASSIST PERKESO



Paparan Skrin Muka Hadapan:

Informasi mengenai Kemalangan, Kematian dan Penyakit Khidmat di bawah Skim Bencana Pekerjaan.

SKRIN SENARAI SEJARAH TUNTUTAN

Home
History Claim's Listing
Submit Claim Notice

History Claim's Listing

Show 10 entries

Notice Type	Employee Identification No	Employee Name	Accident Date	Accident Time	Status	Action
Death	5398	LIEW SOOK CHIN	November-20-2020	03:38 PM	Inprogress	
Occupational Disease	5398	LIEW SOOK CHIN			Submitted	

Showing 1 to 2 of 2 entries

Previous 1 Next

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Menu Sejarah Tuntutan:

- ☐ Pilih menu “History Claim’s Notice” untuk melihat senarai tuntutan yang pernah dilakukan oleh majikan;
- ☐ Tekan butang ‘action’ untuk melihat paparan butiran maklumat penghantaran yang telah dilakukan

SKRIN PILIHAN PERMOHONAN

Home

History Claim's Listing

Submit Claim Notice

Accident

Occupational Disease

Death

History Claim's Listing

Show 10 entries

Search:

Notice Type	Employee Identification No	Employee Name	Accident Date	Accident Time	Status	Action
Death	5398	LIEW SOOK CHIN	November-20-2020	03:39 PM	Inprogress	 
Occupational Disease	5398	LIEW SOOK CHIN			Submitted	

Showing 1 to 2 of 2 entries

Previous

1

Next

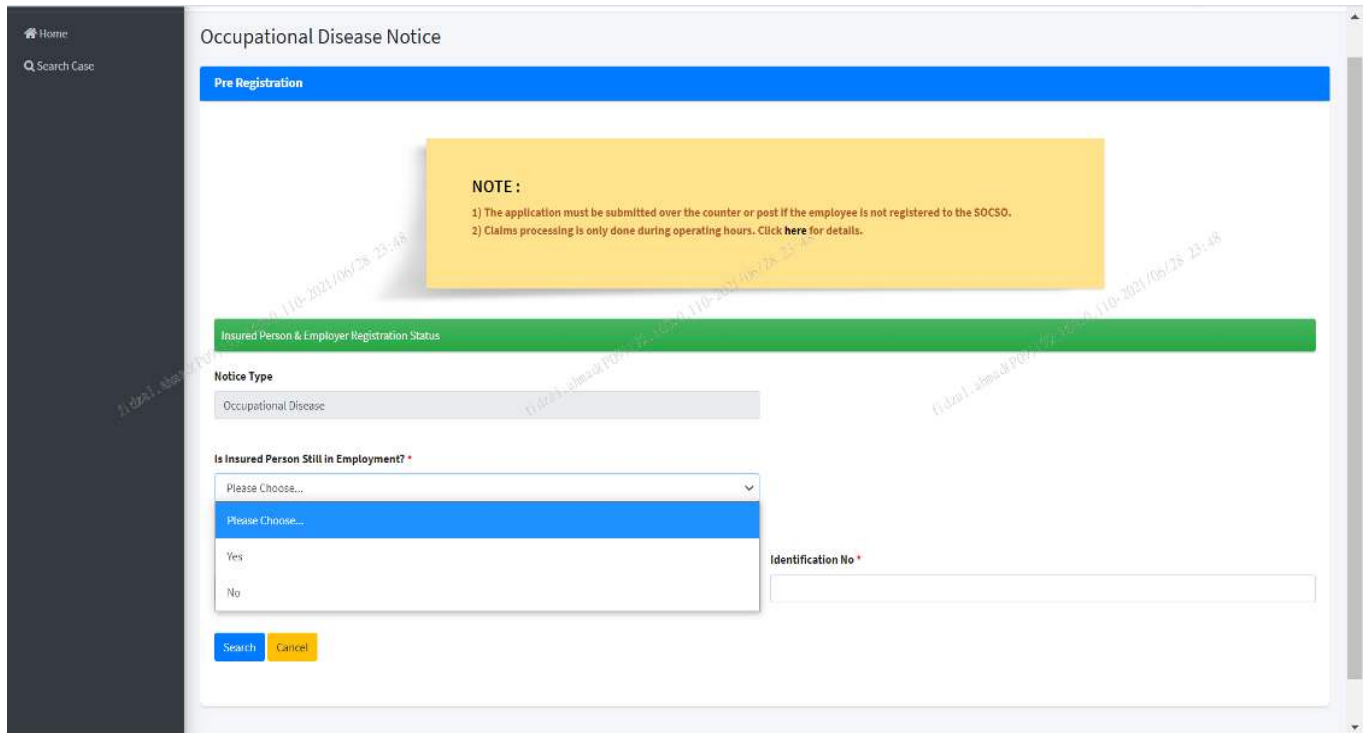
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Version 1.0.0

LANGKAH 2:

- ☐ Pilih menu 'Submit Claim Notice'
- ☐ Pilih menu 'Occupational Disease' untuk skrin seterusnya,

SKRIN PRA PENDAFTARAN NOTIS PENYAKIT KHIDMAT



Home

Search Case

Occupational Disease Notice

Pre Registration

NOTE :

- 1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO.
- 2) Claims processing is only done during operating hours. Click [here](#) for details.

Insured Person & Employer Registration Status

Notice Type

Occupational Disease

Is Insured Person Still in Employment? *

Please Choose...

Please Choose...

Yes

No

Identification No *

Search Cancel

LANGKAH 3:

- ☐ Pilih “Yes” atau “NO” Bagi Soalan Adakah Orang Berinsurans Masih Di dalam Pekerjaan
- ☐ Masukkan Masa Kemalangan

SKRIN PRA PENDAFTARAN NOTIS PENYAKIT KHIDMAT

Home
History Claim's Listing
Submit Claim Notice

Occupational Disease Notice

Pre Registration

NOTE :

1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO.
2) Claims processing is only done during operating hours. Click [here](#) for details.

Insured Person & Employer Registration Status

Notice Type

Please Choose...
New IC No.
Old IC No.
Police No.
Army No.
New IC No.

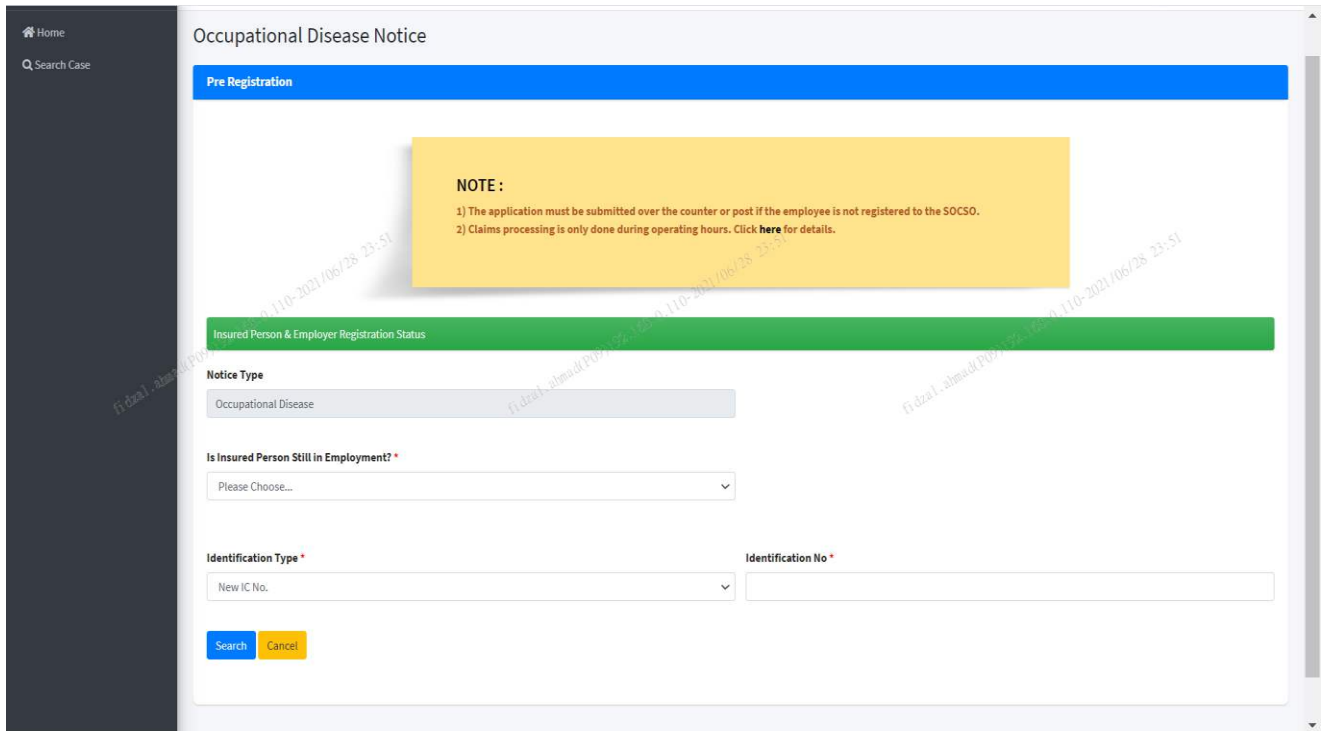
Identification No *

Cancel

LANGKAH 4:

- ☐ Pilih Jenis Pengenalan Diri:
No. Kad Pengenalan Baru;
No. Kad Pengenalan Lama;
No. Polis;
No. Tentera.

SKRIN PRA PENDAFTARAN NOTIS PENYAKIT KHIDMAT



Home
Search Case

Occupational Disease Notice

Pre Registration

NOTE :

- 1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO.
- 2) Claims processing is only done during operating hours. Click [here](#) for details.

Insured Person & Employer Registration Status

Notice Type

Occupational Disease

Is Insured Person Still in Employment? *

Please Choose...

Identification Type *

New IC No.

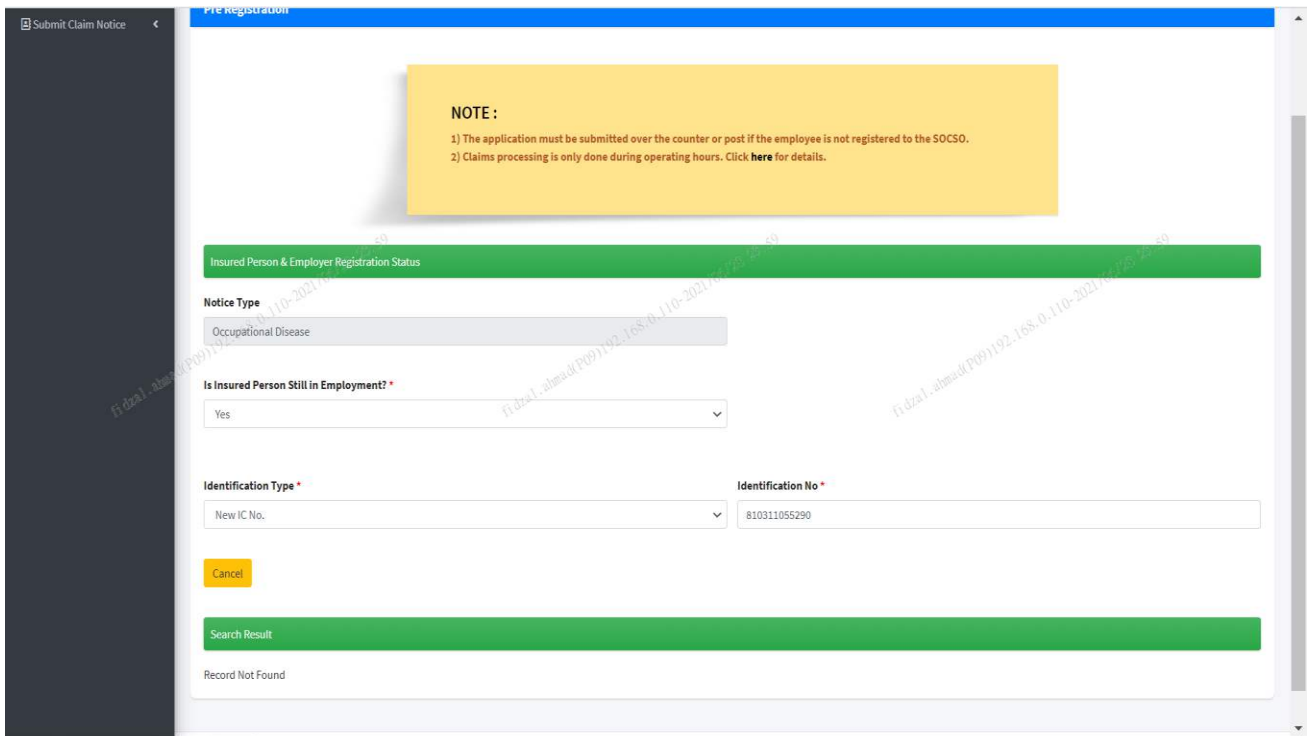
Identification No *

Search Cancel

LANGKAH 5:

- ☐ Masukkan nombor Pengenalan Diri dan seterusnya tekan butang "Search"

SKRIN PRA PENDAFTARAN NOTIS PENYAKIT KHIDMAT



NOTE :

- 1) The application must be submitted over the counter or post if the employee is not registered to the SOCSO.
- 2) Claims processing is only done during operating hours. Click [here](#) for details.

Insured Person & Employer Registration Status

Notice Type

Occupational Disease

Is Insured Person Still in Employment? *

Yes

Identification Type *

New IC No.

Identification No *

810311055290

Cancel

Search Result

Record Not Found

LANGKAH 6:

Nota: Sekiranya keputusan carian adalah "Record Not Found" majikan hendaklah mengemukakan tuntutan secara manual ke Pejabat PERKESO yang berhampiran.

SKRIN PRA PENDAFTARAN NOTIS PENYAKIT KHIDMAT

Identification Type *

New IC No.

Identification No *

48

Cancel

Search Result

Notice Type

Occupational Disease

Insured Person Name

'AIN NADIA BINTI NORAZLAN

Identification Type

New IC No.

Identification No.

48

Employer Code

A3100004132W

Employer Name

CIMB BANK BERHAD

Proceed

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Version 1.0.0

LANGKAH 7:

Nota: Sekiranya keputusan carian adalah berjaya tekan butang “Proceed” untuk ke menu seterusnya

Butiran Orang Berinsurans

Home

History Claim's Listing

Submit Claim Notice

Occupational Disease Notice

Insured Person Information

Fiidza I. Ahmad (P09)192.168.0.110-2021/06/29 00:05

Fiidza I. Ahmad (P09)192.168.0.110-2021/06/29 00:05

Fiidza I. Ahmad (P09)192.168.0.110-2021/06/29 00:05

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LANGKAH 8:

☐ Pilih Butiran Orang Berinsurans

Butiran Orang Berinsurans

Name*		
'AIN NADIA HINTI NORAZLAN		

No	Identification Type	Identification No
1	New IC No.	5848

Date of Birth* **Race***

Gender* **Occupation***

Address*

State* **City*** **Postcode***

House Telephone No **Mobile No.**

Email Address **Nationality***

LANGKAH 9:

☐ Masukkan Tarikh Lahir

Butiran Orang Berinsurans

Name*
LIEW SOOK CHIN

No	Identification Type	Identification No
1	New IC No.	5398

Date of Birth*
Jun-01-2006

Gender*
Female

Address*
JLN BANDAR/CECIL

State*
Wilayah Persekutuan Kuala Lumpur

House Telephone No.
0384909300

Mobile No.

Email Address
chua@gmail.com

Race*
Chinese

Postcode*
50000

Nationality*
Malaysia

RESET SAVE

LANGKAH 10:

☐ Pilih Bangsa

Butiran Orang Berinsurans

Name*		
LIEW SOOK CHIN		

No	Identification Type	Identification No
1	New IC No.	5398

Date of Birth*	Race*
Jun-01-2006	Chinese

Gender*	Occupation*
Female	clerk

State*	City*	Postcode*
Wilayah Persekutuan Kuala Lumpur	KUALA LUMPUR	50000

House Telephone No	Mobile No.
0384309300	

Email Address	Nationality*
chua@gmail.com	Malaysia

RESET SAVE

LANGKAH 11:

☐ Pilih Jantina

Butiran Orang Berinsurans

Name*		
LIEW SOOK CHIN		
No	Identification Type	Identification No
1	New IC No.	45338
Date of Birth*		Race*
Jun-01-2008		Chinese
Gender*	Occupation*	
Female	clerk	
Address*		
JLN BANDAR/CEGIL		
State*	City*	Postcode*
Wilayah Persekutuan Kuala Lumpur	KUALA LUMPUR	50000
House Telephone No		Mobile No.
038490		
Email Address		Nationality*
chua@gmail.com		Malaysia
RESET SAVE		

LANGKAH 12:

☐ Masukkan Pekerjaja

Butiran Orang Berinsurans

Name*		
LIEW SOOK CHIN		
No	Identification Type	Identification No
1	New IC No.	145398
Date of Birth*		Race*
Jun-01-2006		Chinese
Gender*	Occupation*	
Female	clerk	
Address*		
JLN BANDAR/CECIL		
State*	City*	Postcode*
Wilayah Persekutuan Kuala Lumpur	KUALA LUMPUR	50000
House Telephone No	Mobile No.	
038490		
Email Address	Nationality *	
chua@	Malaysia	
		RESET SAVE

LANGKAH 13:

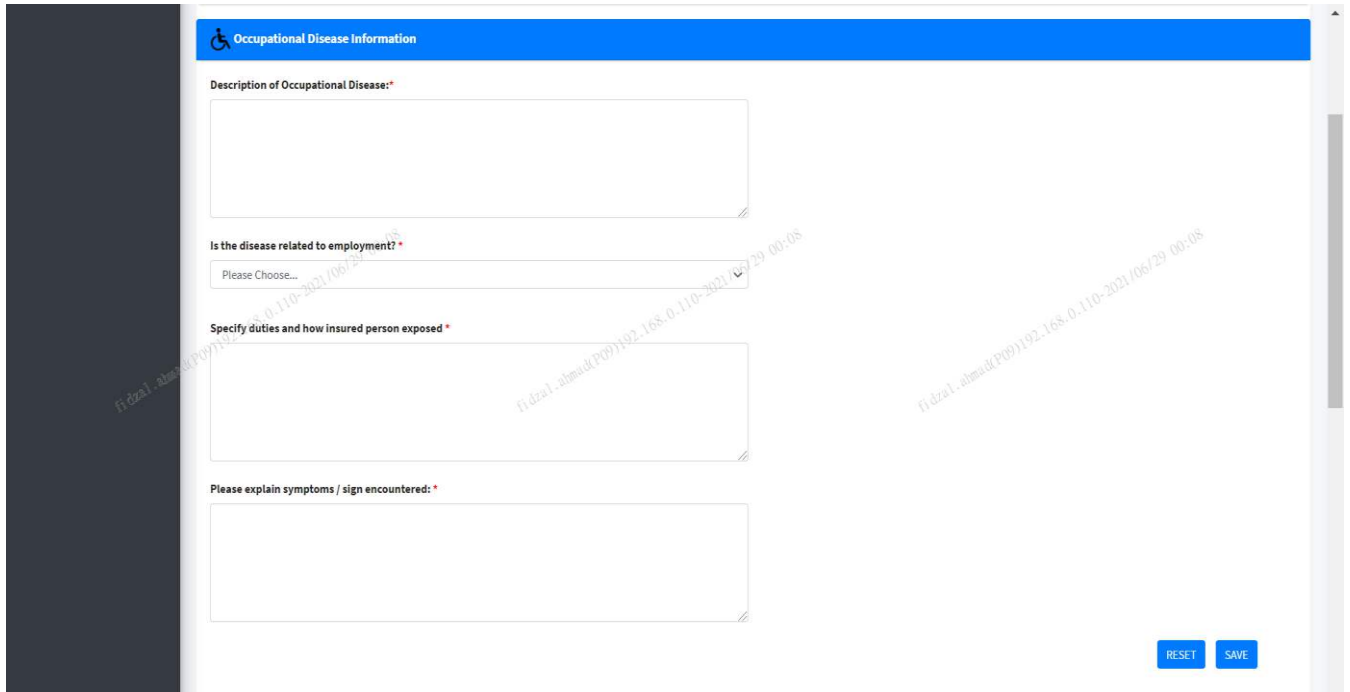
- ☐ Masukkan Alamat
- ☐ Pilih Negeri
- ☐ Pilih Bandar
- ☐ Pilih Poskod
- ☐ Masukkan No. Telefon Rumah
- ☐ Masukkan No. Telefon Bimbit
- ☐ Masukkan Alamat E mel
- ☐ Pilih Kewarnegaraan

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

LANGKAH 14:

- Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapi.

Butiran Penyakit Khidmat



The screenshot shows a web form titled "Occupational Disease Information" with a blue header. The form contains four main sections, each with a text input field and a red asterisk indicating a mandatory field:

- Description of Occupational Disease: ***
- Is the disease related to employment? *** (This section includes a dropdown menu with "Please Choose..." and a downward arrow icon.)
- Specify duties and how insured person exposed ***
- Please explain symptoms / sign encountered: ***

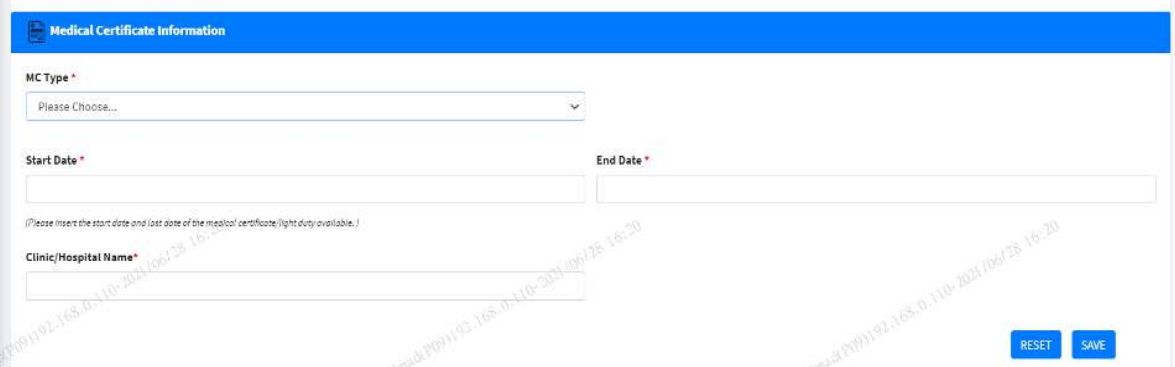
At the bottom right of the form, there are two buttons: "RESET" and "SAVE".

LANGKAH 15:

- ☐ Masukkan keterangan Penyakit Khidmat
- ☐ Pilih "Yes" atau "No" penyakit berkaitan dengan pekerjaan
- ☐ Masukkan tugas dan bagaimana orang berinsurans terdedah kepada bahaya
- ☐ Masukkan simptom / tanda yang dihadapi

Nota: Pilih Butang "Save" setelah maklumat mandatori (*) telah dilengkapi.

Butiran Sijil Perubatan



The screenshot shows a web form titled "Medical Certificate Information". It contains the following fields:

- MC Type ***: A dropdown menu with the text "Please Choose..." and a downward arrow.
- Start Date ***: A text input field.
- End Date ***: A text input field.
- Clinic/Hospital Name***: A text input field.

Below the "Start Date" and "End Date" fields, there is a small note: "(Please insert the start date and last date of the medical certificate (light duty available).)".

At the bottom right of the form, there are two buttons: "RESET" and "SAVE".

LANGKAH 17:

- ☐ Pilih Jenis MC
- ☐ Pilih Tarikh Bermula
- ☐ Pilih Tarikh Terakhir
- ☐ Nyatakan Nama Klinik/Hospital

Nota: Pilih Butang "Save" setelah maklumat mandatori (*) telah dilengkapkan.

Butiran Gaji

Wages Information

Employer Code

A3100004132W

Employer Name

CIMB BANK BERHAD

Employment Start Date

Apr-01-2012

Employment End Date

-

Do wages Paid on the Day of Accident?

Details of Wages for the period of 6 consecutive months before the month of MC/Notice date*

No	Year	Month	Wages (RM)
1	2020	10	
2	2020	09	
3	2020	08	
4	2020	07	
5	2020	06	
6	2020	05	

RESET

SAVE

LANGKAH 18:

☐ Masukkan Gaji Pada Bulan dan Tahun Yang Tertera.

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

Butiran Pejabat PERKESO



The screenshot shows a web form titled "SOCSO Office". It contains two dropdown menus. The first dropdown is labeled "State" and has a red asterisk next to it; it is currently set to "Wilayah Persekutuan Kuala Lumpur". The second dropdown is labeled "Preferred SOCSO Office" and also has a red asterisk next to it; it is currently set to "Pejabat PERKESO Negeri W.P Kuala Lumpur". Below the dropdowns are two buttons: "RESET" and "SAVE".

LANGKAH 19:

- ☐ Pilih Negeri
- ☐ Pilih Pilihan Pejabat PERKESO

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan.

Butiran Pengesahan Majikan

Employer Certification

Name *

Designation *

Date

Jun 23 2021 16:02:40

RESET

SAVE

LANGKAH 20:

- ☐ Masukkan Nama
- ☐ Masukkan Jawatan

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapi.

Bank information

Recipient Name

Identification Type
New IC No.

Identification No

Account No.*
Yes

Bank Location*
Local Bank

Payment Method
EFT

Bank Name*
BANK SIMPANAN NASIONAL

Bank Account Type*
Saving

Bank Account No.*

Bank Branch*

Bank Account Status*
Active

LANGKAH 21:

- ☐ Masukkan Nama
- ☐ Pilih Jenis Pengenalan Diri:
 - No. Kad Pengenalan Baru;
 - No. Kad Pengenalan Lama;
 - No. Polis;
 - No. Tentera.
- ☐ Masukkan No. Pengenalan Diri
- ☐ Pilih No. Akaun
- ☐ Pilih Lokasi Bank
- ☐ Pilih Nama Bank

...sambungan



LANGKAH 22:

- ☐ Pilih Cara Bayaran
- ☐ Pilih Nama Bank
- ☐ Pilih Jenis Akaun Bank
- ☐ Pilih Status Akaun Bank

Nota: Pilih Butang "Save" setelah maklumat mandatori (*) telah dilengkapi

Upload Date	Document Type	Uploaded Document	Action
No record of Supporting Document.			

Add Document

Document Description *

Please Choose...

Document Type*

Please Choose...

Upload *

Allow format: pdf/doc/docx/ppt/pps/pptx/zip

Upload File Browse...

Upload

NOTE :

* Mandatory to upload **certificate** if MC / Light Duty information is filled.

* Mandatory to upload **Bank Account Verification Letter** if Bank information is filled.

* **Section J (Form 34)** must be completed by the claimant.

LANGKAH 23:

- ☐ Pilih Dokumen
- ☐ Pilih Jenis Dokumen “Asal” atau “Salinan”
- ☐ Muat Naik Dokumen

Nota: Pilih Butang “Save” setelah maklumat mandatori (*) telah dilengkapkan

Penanda Butiran Telah Lengkap



Nota: Sekiranya semua butiran telah dilengkapkan tekan butang “Submit” dan proses tuntutan selesai.



**SEBARANG PERTANYAAN & ADUAN
SILA HUBUNGI:**

PERTUBUHAN KESELAMATAN SOSIAL

**Talian Khidmat Pelanggan:
1 300 22 8000**

Emel : perkeso@perkeso.gov.my

Web : www.perkeso.gov.my

NOTIS KEMALANGAN