



PACE PHYSIOTHERAPY CENTRE SDN BHD (975805 D)

No 26, Jalan KSB 16, Taman Kota Syahbandar, 75200 Melaka

Tel: 06288 8755

EMPLOYMENT LETTER OFFER

1/4/2020

JASMINE TEOH EI JIA

No. 3, Jalan Kota Laksamana 2/12

Taman Kota Laksamana Sek 2

75200 Melaka

Dear Jamine Teoh,

Pace Physiotherapy Centre Sdn Bhd is delighted to extend you the position of Physiotherapist. We are confident, you will become part of our fast-paced and dedicated team works together to provide our patients with higher possible level service and advice.

As a member of our centre, we would appreciate for your commitment to deliver quality and results that exceed patient expectations. In addition we expect your personal accountability in all products , actions, advice and results you provide as a therapist representative of our centre. In return, we are committed to providing you with every opportunity to learn, grow and stretch to the highest level of your ability & potential.

We are confident you will find this new opportunity both challenging & rewarding.

As we have discussed, all your job scopes and benefits remained the same as previous contract. You shall report directly to Mdm Lim Hooi Kheng the company managing director.

Adjusted Salary: RM2,500 per month

Probation: Not required



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Hours of work: 9.00 am till 6.00 pm (1 hour break)

Holidays: 11 days paid holiday/(inclusive 5 gazetted public holidays)

- (i) the National Day;
- (ii) the Birthday of the Yang di-Pertuan Agong;
- (iii) the Birthday of the Ruler or the Yang di-Pertua Negeri,
- (iv) the Workers' Day
- (v) Malaysia Day

Annual leave: 12 days for continuous service with the same employer if he has been employed by that employer for a period of less than two years;

Sick leave : An employee shall, after examination at the expense of the employer— by a registered medical practitioner duly appointed by the employer; or (b) if no such medical practitioner is appointed or, if having regard to the nature or circumstances of the illness, the services of the medical practitioner so appointed are not obtainable within a reasonable time or distance, by any other registered medical practitioner or by a medical office. 14 days in the aggregate in each calendar year if the employee has been employed for less than two years.

Termination of employment: A notice period of 3 months or an equivalent amount of salary in lieu of notice (notice period not less than 7 days).

Others: The Employee is entitled to all other rights, benefits or protection under the Employment Act 1955, the Minimum Wage Ordinance, the Employees' Compensation Ordinance and any other relevant Ordinances.



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Acceptance of Employment Offer

If you agree with the proposed terms and want to accept this extended offer of employment, please sign both copy of this letter and return it to me. If I don't received a signed copy of this letter, this offer will be automatically withdrawn and you will not be able to accept it.

We look forward to the opportunity to work with you in an atmosphere that is successful and mutually challenging and rewarding.

Sincerely,

PACE PHYSIOTHERAPY CENTRE SDN BHD
(975805-D)

(formerly known as LIM ORTHO QUEST SDN BHD)

Director(S)

PACE PHYSIOTHERAPY CENTRE SDN BHD
(975805-D)

No. 26, Jalan KSB 16,
Taman Kota Shahbandar, 75200 Melaka.
Tel: 06-288 8755 / 011-1073 8755

Signature of Employer or Employer' Representative

Date :

I, JASMINE TEOH EI JIA (IC No. 951006-04-5300), have read and have had a chance to get advice about the terms and conditions of employment set out in this letter and in attached individual employment agreement. I fully understand and accept this offer and terms and conditions of employment.

Signature of Employee

Date :

Employee Confidentiality Agreement

I acknowledge that, in the course of performing and fulfilling my duties, I may have access to and be entrusted with confidential information concerning the personal and personal health information of patients and employees. I may also have access to and be entrusted with confidential information about the business and financial operations. I agree that I will read and comply with the company's policies on privacy, confidentiality and security.

I understand that:

- All patient personal and personal health information that I have access to or learn through my employment or affiliation with the Company is confidential and subject to the Malaysia Personal Data Protection Act (PDPA) 2010.
- I have a legal obligation to protect the personal and personal health information of patients.
- All staff, Human Resources, and payroll information that I have access to or learn of through my employment or affiliation with the Company is confidential and I have an obligation to protect that information.
- As a condition of my employment or affiliation with the Company, I must comply with the The Employer's policies and procedures on privacy, confidentiality and security, and
- My failure to comply with such the Company policies and procedures may result in the termination of my employment or affiliation with the Company and may also result in legal action being taken against me by the Company and others.

I hereby acknowledge that:

- I may have access to and/or be entrusted with confidential financial or business information about the Company.
- The right to maintain the confidentiality of such information constitutes a proprietary right which the Company is entitled to protect.
- I will not, during the continuance of this agreement and beyond, disclose any such confidential information to any person, firm or corporation; and

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- I will not use any confidential information except as required in the normal course of my employment or affiliation, and thereafter I shall not disclose or make use of the same.

I hereby agree that:

- I will not collect, access, use, or disclose any confidential and/or patient personal health information that I learn of or possess because of my affiliation with the Company, unless it is necessary for me to do so in order to perform my job responsibilities.
- Under no circumstances may confidential and/or personal or personal health information be communicated either within or outside of the Company except to other persons who are authorized by the Company to receive such information.
- I will not alter, destroy, copy, or otherwise interfere with personal or personal health information, except with authorization and in accordance with the policies and procedures and my duties and responsibilities.
- I will keep any computer access codes (for example, passwords) confidential and secure. I will protect physical access devices (for example, keys) and the confidentiality of any information being accessed.
- I will NOT lend my access codes or devices to anyone, nor will I attempt to use those of others. I understand that the access codes come with legal responsibilities and that I am accountable for all work performed under these codes.
- If I have reason to believe that my access codes or devices have been compromised or stolen, I will immediately contact my supervisor.
- If I have any reason to suspect or believe that personal or personal health information has been compromised, I will immediately notify my supervisor.

I acknowledge that my privacy obligations continue after my employment or affiliation with the Company terminates.

I acknowledge that any violation of this agreement may result in legal and/or other corrective action up to and including termination. I have had an opportunity to review the terms and agreements of this Employee Confidentiality Agreement and hereby signify my agreement and acceptance of the terms by signing in the space below.

Signature of employee

Title/Date