

NATIONAL INSURANCE COMPANY BERHAD

HEAD OFFICE

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Brunei Darussalam

Tel : +673 242 6888, 245 0800
Fax : +673 242 9888 (Administration)
+673 245 4277 (Underwriting/Claim)
+673 245 4303 (Accounts)

Email : insurance@brunet.bn

BANDAR SERI BEGAWAN

Unit 2H, 2nd Floor, Wisma Raya, Jalan Sultan
Bandar Seri Begawan BS8811
Brunei Darussalam

Tel : +673 223 3999
Fax : +673 223 8999
Email : bsb@national.com.bn

KUALA BELAIT

F119A, 1st Floor, Kompleks Harapan, Jalan Setia Diraja,
Kuala Belait KA3131, Brunei Darussalam

P O Box 41, Kuala Belait KA1131
Brunei Darussalam

Tel : +673 333 1527, 333 0459
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Email : kb@national.com.bn

AGENT

www.national.com.bn

COVER & BENEFIT LIMITS

SECTION	FAMILY PLAN
1 PERSONAL ACCIDENT	
Cover for life Insured	
a) 70 years old and below	B\$150,000
b) Above 70 to 80 years old	B\$75,000
Cover for Child	B\$25,000 Aggregate up to B\$350,000 per family
2 MEDICAL , DENTAL AND OTHER EXPENSES	
a) 70 years old and below	up to B\$150,000 each Insured person
b) Above 70 to 80 years old	up to B\$75,000 [including Emergency Medical Evacuation] Aggregate up to B\$350,000 per family
3 COMPASSIONATE VISIT BY A RELATIVE OR FRIEND	B\$5,000
4 CHILD HELP	B\$5,000
5 EMERGENCY MEDICAL EVACUATION	
a) 70 years old and below	up to B\$150,000 each Insured person
b) Above 70 to 80 years old	up to B\$75,000 [including Medical, Dental & other expenses] Aggregate up to B\$350,000 per family
6 HOSPITAL ALLOWANCE	up to B\$5,000 per family [B\$100 per day per Insured person]
7 REPATRIATION EXPENSES	B\$10,000
8 BAGGAGE AND PERSONAL EFFECTS	B\$5,000
9 DELAYED BAGGAGE	B\$1,000 per family [B\$200 each full 8 hrs delay]
10 PERSONAL MONEY AND TRAVEL DOCUMENTS	B\$5,000 [sub-limit B\$500 personal money]
11 PERSONAL LIABILITY	B\$1,000,000
12 TRAVEL DELAY	(1) B\$2,000 per family [B\$200 for the first full 8hrs delay] B\$100 for each subsequent full 8hrs delay and B\$500 for partial trip cancellation OR (2) B\$10,000 for curtailment per family
13 MISSED FLIGHT CONNECTION	B\$200 per family
14 LOSS OF DEPOSIT OR CANCELLATION	B\$10,000 per family
15 CURTAILMENT	B\$10,000 per family
16 HIJACKING	B\$5,000 [B\$100 each full 8-hrs per family]
17 OVERBOOKED SCHEDULED PUBLIC CONVEYANCE	B\$100 per family
18 HOMESURE	B\$5,000 per household
19 RENTAL VEHICLE EXCESS	B\$1,000 per family

PREMIUM TABLE

SINGLE JOURNEY B\$80.00 for the First 5 days
[Travel Sector : ASIA] B\$10.00 for each Subsequent Day

SINGLE JOURNEY B\$150.00 for the First 5 days
[Travel Sector : WORLDWIDE] B\$12.00 for each Subsequent Day
NO ANNUAL PLAN FOR FAMILY

*MAXIMUM LENGTH OF COVERAGE: Single Journey Plan [185 days per trip]
ANNUAL COVER PLAN: 90 days per trip for an unlimited number of trips during the policy period.
Please refer to policy document for the complete details of policy exclusions.*



TRAVEL PROTECTOR

Don't leave home without our Travel Protector.

This Insurance provides you and/or your family cover against personal accident, medical and related expenses and other travel related losses, interruption or accidents.

With this, it will give you peace of mind during your journey so you will be able to enjoy your holiday without any worries.

NATIONAL INSURANCE COMPANY BERHAD

IMPORTANT You must disclose all facts, which could affect the acceptance of your insurance, otherwise the policy may be declared void.

PROPOSAL FORM

TITLE	NAME		
I/C NUMBER	DATE OF BIRTH	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	RACE
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widow		OCCUPATION	
RELIGION	NATIONALITY	CONTACT NUMBER	Home
ADDRESS			Office
			Mobile
			Others
MAILING ADDRESS		CONTACT PERSON	
		FAX	
		EMAIL	

YOUR CHOICE OF COVERAGE [please tick]

<input type="checkbox"/> Single Journey Plan	Destination : <input type="checkbox"/> Asia <input type="checkbox"/> Worldwide	<input type="checkbox"/> Annual Cover Plan (excluding Family Plan)
PERIOD OF INSURANCE	From to	PERIOD OF INSURANCE From to

YOUR TYPE OF PLAN [please tick]

LIFE INSURED	GENDER	DATE OF BIRTH	NRIC/PASSPORT NO	RELATIONSHIP TO PROPOSER
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			

DECLARATION I/We hereby declare that I am/we are in good health and am/are aware of and agree to abide by the Policy's terms & conditions. I/We also understand that the issuance of the policy is based on all statements and answers set out in this Proposal Form which are complete and true.

WARRANTY I/We warrant that the Person(s) insured are not travelling against the advice of a Physician or for the purpose of seeking medical attention or treatment and they are in good health.

Signature of proposer and date

FOR OFFICIAL USE		
CARD NUMBER:	POLICY NUMBER:	AGENT:



NATIONAL INSURANCE COMPANY BERHAD

DIRECT DEBIT AUTHORIZATION

Credit Card Payment

MasterCard
 VISA
 AMERICAN EXPRESS
 OTHERS _____

I hereby authorize NATIONAL INSURANCE CO BHD (NICB) to debit my Credit Card account indicated below the amount of the annual premium due as stated below or such other amount as advised by NICB from time to time under my insurance policy set below.

Name of Cardmember _____

Cardmember's Account No. _____

Expiry date _____

Policy No. _____

Name of Insured _____

Premium Amount _____

Date _____	Signature of Cardmember _____
Signature must correspond with specimen signature of the credit cardmember at the bank.	
Approval code _____	

Disclaimer This Policy is considered null and void if this direct authorization is dishonoured.

MONDIAL ASSISTANCE

As a Travel Protector policyholder, you travel with peace of mind knowing that you are backed by Mondial Assistance Group [part of the Allianz Group] who is the worldwide leader in assistance, travel insurance and customer services.

With its regional headquarters in Singapore, Mondial Assistance has a 24-hour call centre with capabilities to answer in all the principal regional languages. It also has extensive network of providers positioned to assist customer in Asia around the clock, including 1200 contracted hospitals, aircraft, recovery operations, hotels, ambulances and mobile mechanics.

As a Travel Protector policyholder, you will be receiving the best possible emergency medical and travel care each time you travel.

24 HOURS HOTLINE : **+65 6535 5833**

COVER & BENEFIT LIMITS

SECTION	SILVER	GOLD	PLATINUM
1 PERSONAL ACCIDENT Cover for life Insured a) 70 years old and below b) Above 70 years old to 80 years old Cover for Child	B\$100,000 B\$50,000 B\$25,000	B\$200,000 B\$75,000 B\$25,000	B\$300,000 B\$100,000 B\$25,000
2 MEDICAL , DENTAL AND OTHER EXPENSES a) 70 years old and below b) Above 70 years old to 80 years old	B\$100,000 B\$50,000	B\$200,000 B\$75,000	B\$300,000 B\$100,000
3 COMPASSIONATE VISIT BY A RELATIVE OR FRIEND	NIL	B\$2,500	B\$5,000
4 CHILD HELP	NIL	B\$2,500	B\$5,000
5 EMERGENCY MEDICAL EVACUATION a) 70 years old and below b) Above 70 years old to 80 years old	B\$100,000 B\$50,000	B\$200,000 B\$75,000	B\$300,000 B\$100,000
6 HOSPITAL ALLOWANCE	NIL	up to B\$2,500 [B\$50 per day]	up to B\$5,000 [B\$100 per day]
7 REPATRIATION EXPENSES	B\$7,500	B\$7,500	B\$7,500
8 BAGGAGE AND PERSONAL EFFECTS	B\$1,000	B\$2,500	B\$5,000
9 DELAYED BAGGAGE	B\$500 [B\$200 each full 8 hrs delay]	B\$750 [B\$200 each full 8 hrs delay]	B\$1,000 [B\$200 each full 8 hrs delay]
10 PERSONAL MONEY AND TRAVEL DOCUMENTS	NIL	B\$2,500 [sub-limit B\$250 personal money]	B\$5,000 [sub-limit B\$500 personal money]
11 PERSONAL LIABILITY	B\$500,000	B\$750,000	B\$1,000,000
12 TRAVEL DELAY	(1) B\$500 [B\$50 for each full 8hrs] B\$150 for partial trip cancellation OR (2) B\$5,000.00 for curtailment	(1) B\$1,000.00 [B\$75.00 for each full 8hrs] B\$250 for partial trip cancellation OR (2) B\$7,500 for curtailment	(1) B\$2,000 [B\$100 for each full 8-hrs delay] B\$500 for partial trip cancellation OR (2) B\$10,000 for curtailment
13 MISSED FLIGHT CONNECTION	B\$200	B\$200	B\$200
14 LOSS OF DEPOSIT OR CANCELLATION	B\$5,000	B\$7,500	B\$10,000
15 CURTAILMENT	B\$5,000	B\$7,500	B\$10,000
16 HIJACKING	B\$2,500 [B\$50 each full 8hrs]	B\$3,500 [B\$75 each full 8hrs]	B\$5,000 [B\$100 each full 8-hrs]
17 OVERBOOKED SCHEDULED PUBLIC CONVEYANCE	B\$100	B\$100	B\$100
18 HOMESURE	NIL	B\$2,500 per household	B\$5,000 per household
19 RENTAL VEHICLE EXCESS	NIL	B\$500	B\$1,000

PREMIUM TABLE

SINGLE JOURNEY [Travel Sector : ASIA]	B\$25.00 for the First 5 days B\$2.50 for each Subsequent Day	B\$30.00 for the First 5 days B\$3.00 for each Subsequent Day	B\$35.00 for the First 5 days B\$4.00 for each Subsequent Day
SINGLE JOURNEY [Travel Sector : WORLDWIDE]	B\$45.00 for the First 5 days B\$4.00 for each Subsequent Day	B\$55.00 for the First 5 days B\$5.00 for each Subsequent Day	B\$65.00 for the First 5 days B\$6.00 for each Subsequent Day
ANNUAL PLAN [Travel Sector : WORLDWIDE]	B\$275.00	B\$375.00	B\$475.00

MAXIMUM LENGTH OF COVERAGE: Single Journey Plan [185 days per trip] ANNUAL COVER PLAN: 90 days per trip for an unlimited number of trips during the policy period.
Please refer to policy document for the complete details of policy exclusions.

TRAVEL2006040101F

care free traveling

