

NATIONAL INSURANCE COMPANY BERHAD

DIRECT DEBIT AUTHORIZATION

Credit Card Payment


 
 

 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.

Card Verification Value	
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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 _____
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BURG201100101F

OTHER INSURANCE COVER AVAILABLE FROM NATIONAL INSURANCE COMPANY BERHAD

- Motor Vehicle Protector
- Critical Illness
- Travel Protector
- Golfers Protector
- National Accident Protector
- Personal Accident Protector
- Foreign Domestic Helper's Protector
- Workmen's Compensation Protector
- Home Protector
- Fire Protector
- Employees Package Protector
- Money In Transit Protector
- Public Liability Protector
- Marine Cargo Protector
- Contractors' All Risk Protector
- Family Personal Accident Protector
- Senior Accident Protector

NATIONAL INSURANCE COMPANY BERHAD

HEAD OFFICE

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Negara Brunei Darussalam

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 Fax : +673 242 9888 (Administration/Claims)
 +673 245 4277 (Underwriting)
 +673 223 8999 (Business Development)
 +673 245 4303 (Accounts)
 Email : insurance@national.com.bn

KUALA BELAIT

Unit 20, Block C, Lot 8989
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Negara Brunei Darussalam

P O Box 1336, Kuala Belait KA1189
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AGENT

www.national.com.bn



BURGLARY PROTECTOR

Coverage

The Burglary Protector provides you insurance coverage for

- Loss of/or damage to property insured arising out of theft involving entry into your premises by **forcible and violent means**
- Damage arising from burglary to the building as a result of **forcible and violent** entry to or exit from the building

Exclusions in brief

- Loss of money, cheques and stamps
- Theft committed by insured's family members, employees or any person lawfully on the premises
- Property that can be more specifically insured under a different insurance
- Damage to glass following burglary
- Property kept in the open
- Loss or damage to coin operated machines
- Consequential losses
- Losses arising from war, strikes, riots, terrorism, nuclear risks

IMPORTANT NOTE:
THIS BROCHURE IS INTENDED AS A GENERAL SUMMARY ONLY. THE SPECIFIC TERMS, EXCLUSIONS AND CONDITIONS APPLICABLE TO THIS INSURANCE ARE DESCRIBED IN THE POLICY WHICH WILL ONLY BE ISSUED UPON ACCEPTANCE OF THE PROPOSAL.

NATIONAL INSURANCE COMPANY BERHAD

PROPOSAL FORM

IMPORTANT STATEMENT PURSUANT TO SECTION 37(4) OF THE INSURANCE ORDER 2006 - You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be invalidated.

NAME OF PROPOSER _____

I/C NUMBER / BUSINESS REGISTRATION NO. _____

BUSINESS _____

MAILING ADDRESS _____

CONTACT NUMBER	Home _____	Office _____
	Mobile _____	Fax _____

EMAIL _____

PERIOD OF INSURANCE From: _____ To _____

DESCRIPTION OF PREMISES

1. Location of premises to be insured _____

2. Construction of Building
 (a) Is the building constructed of bricks, stone or concrete and roofed with concrete, slate, tile, metal, asbestos and/or other incombustible materials? Yes No

If No, please state the materials used:

Walls: _____ Roof: _____

(b) What is the type of building and occupation?
 (i) Single Occupancy Multi Occupancy

(ii) Dwelling Office Factory Shophouse

Warehouse, please state type of goods: _____

Others (please specify): _____

(c) When was the building built? _____

(d) How many stories in height is the building? _____

3. How long have you occupied the premises? _____

4. Will the premises be unoccupied for more than 30 continuous days in any one year? Yes No

5. Are all doors, windows and other openings fitted with suitable locks and fastenings? Yes No
 If yes, please provide details: _____

6. Is the premises fitted with burglary alarm system? Yes No
 If yes, please provide full particulars:
 - Maker's name : _____
 - Company installing alarm : _____
 - Type of alarm : _____
 - Is maintenance contract in force ? Yes No

7. Is there any watchman/security guard in the premises? Yes No
 If yes, please provide details: _____

8. How often is stock taking done? _____

9. How regularly are the records updated? _____

INSURANCE HISTORY

1. Have you been previously insured? Yes No
 If yes, by which company and for what amount? _____

2. Has any Company or Insurer
 (i) declined to insure you? Yes No
 (ii) required special terms to insure you? Yes No
 (iii) cancelled or refused to renew your insurance? Yes No
 (iv) increased your premium on renewal? Yes No
 If yes to any of the above questions, please provide details below.

3. Is there any other similar insurance for the property in force? Yes No
 If yes, please provide details below. _____

Property to be insured	Sum Insured
1. On Stock in trade of _____ (Maximum value any one article) _____	
2. On goods held in trust or on commission for which the proposer is responsible (Maximum value any one article) _____	
3. On Plant, Machinery and Equipment	
4. On furniture, fixtures and fittings, office equipments	
5. Household contents and personal effects (excluding jewellery)	
6. Others (please specify)	
TOTAL	

CLAIMS HISTORY

1. Has there been any attempt of unauthorized entry into the premises? Yes No

2. Have you ever sustained a loss or damage from a burglary before or made a claim under this or any similar insurance? Yes No
 If yes, please provide details below. _____

3. If 'YES' to 1 and/or 2 above, please state what precautions or measures have been taken to prevent a recurrence. _____

DECLARATION

I/We hereby declare that the above statements and particulars are complete and correct and that no facts have been suppressed or misstated. I/We agree that this proposal shall form the basis of the contract between me/us and the Company.

.....
 Date Signature of Proposer

FOR OFFICE USE	
Rate:	
Premium:	
Account No.:	
Policy No.:	
Approved By:	
Approved On:	