

commercial vehicle protector proposal

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	
-------------------------	--

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.

OTHER INSURANCE COVER AVAILABLE FROM NATIONAL INSURANCE COMPANY BERHAD

- Private Motor Vehicle Protector
- Travel Protector
- Golfers Protector
- National Accident Protector
- Personal Accident Protector
- Employees Package Protector
- Workmen's Compensation Protector
- Home Protector
- Fire Protector
- Burglary Protector
- Money In Transit Protector
- Public Liability Protector
- Marine Cargo Protector
- Contractors' All Risk Protector
- Family Personal Accident Protector
- Senior Accident Protector
- Business Package Protector
- Insurance Guarantee (JITPA)

CMOTOR20220501F

NATIONAL INSURANCE COMPANY BERHAD

HEAD OFFICE

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AGENT

www.national.com.bn



commercial vehicle protector proposal





Commercial Motor Protector

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 NO / BUSINESS REGISTRATION NO:
(please provide copy) _____

BUSINESS OR TRADE: _____

OFFICE ADDRESS _____

MAILING ADDRESS _____

CONTACT NUMBER *Office* _____
Mobile _____ *Fax* _____

Email _____

Hire Purchase Company _____

PERIOD OF INSURANCE *Effective from:* _____ *to* _____

VEHICLE TO BE INSURED

This Section does not need to be completed if a copy of the registraion card is attached.

REGISTRATION NUMBER _____

MAKE _____

MODEL _____

TONNAGE _____

YEAR OF MANUFACTURE: _____ YEAR OF REGISTRATION: _____

ENGINE NO. _____

CHASSIS NO. _____

CARRYING OR SEATING CAPACITY
(including driver) _____

DATE PURCHASED _____

TYPE OF COVER REQUIRED

Please tick cover required:
 COMPREHENSIVE ESTIMATED CURRENT VALUE: _____
 THIRD PARTY ONLY

ADDITIONAL NAME DRIVER (if any)

1. _____

2. _____

BASIC INFORMATION

1. Is the vehicle now in sound and efficient condition? _____

2. (a) State address where vehicle(s) is ordinarily garaged and if in the open air.

(b) What other vehicle(s) insured with this Company are garaged there? _____

3. (a) Will any trailer be drawn by the vehicle(s)? _____

(b) Will the vehicle be used for social or pleasure purposes as permitted by the authorities? _____

(c) Do you carry PASSENGER? _____

(d) If so, is it for hire or reward? _____

(e) How many passengers in the vehicle(s) licensed to carry? _____

4. GOOD CARRYING VEHICLES:

(a) What is the nature of the goods carried? _____

(b) Under what License does the vehicle(s) operate? _____

INSURANCE HISTORY

1. Has any Company in respect of the vehicle you now wish to insure declined your proposal, imposed special conditions, cancelled or refused to renew your insurance? _____

2. Are you now or have you been insured in respect of any motor vehicle during the past five years? If so, please state:

(a) Name of Company/ies: _____

(b) Policy number(s): _____

(c) Vehicle Registration Number: _____

3. Have you made any claim against any insurance company on any vehicle owned or driven by you? _____

4. (a) Give details of all accidents or losses during the past five years in connection with all motor vehicles owned of driven by you. _____

(b) In particular, please state whether the proposer or any person who to your knowledge will drive the vehicle or vehicles proposed for insurance has been involved during the past five years in any accident resulting in loss of life or injury to any person. _____

(c) Have you or any person who to your knowledge will drive the vehicle proposed for insurance, been convicted during the past five years of any offence in connection with the driving of any motor vehicle? If so, give details: _____

(d) Have you suffered from any defective vision or hearing or from physical infirmity? If so, give details: _____

5. Are you entitle to No Claim Bonus?
If so, please attached proof from previous insurer. _____

EXTENSIONS

Please stated additional benefit selected (additional premium will be charged accordingly):

- Damage to Boom
- Third Party Working Risks
- Overturning During Operation
- Passenger Risk
- Flood

DECLARATION: I/We hereby apply for insurance as herein described and warrant that the statements and particulars above are true. I/We agree that this proposal and declaration shall form the basis of the contract between myself/ourselves and the Company. I/We further agree to accept a policy subject to the usual provisions and conditions prescribed by the Company therein.

Signature of Proposer _____ Date _____

FOR OFFICIAL USE

POLICY NUMBER: _____ AGENT: _____

PREMIUM: _____ APPROVED ON: _____

APPROVED BY: _____