**employees** package protector proposal

## WHAT THIS PLAN COVERS

## EMPLOYEES PACKAGE PROTECTOR

1. **Workmen's Compensation**
   Pays compensation as per Laws of Brunei, Workmen's Compensation Chapter Act 74 (Revised Edition 1984).

2. **24 Hours Personal Accident**
   Pays up to amount stated in the policy schedule in the event of accidental death or Permanent Disability.

3. **Medical Expenses**
   Pays up to amount stated in the policy schedule for medical expenses incurred as a result of an accident.

4. **Repatriation Expenses**
   Pays up to amount stated in each plan for the conveyance of the employee to the country of origin or home residence as a result of accident or illness which results in death or total permanent disablement or burial or cremation of the employee in the locality where death occured.

5. **Daily Hospital Income Benefit**
   Pays B$20 for each day of hospitalization due to accidents or illnesses up to a maximum of 60 days.

6. **Hospital & Surgical Expenses**
   Pays up to amount stated in the policy schedule for hospital & surgical expenses.

7. **Death Benefit**
   Pays up to amount stated in the policy schedule for any death including from natural causes.

**What is Common Law.**

- Liability at law arising from a fault or negligence of the insured (employer) causing injury or death to an insured employee. The compensation amount generally established through court decisions.

Class 3 construction workers are excluded from common law cover.

***With common law cover;***

- mean the policy may protect the employer against covered common law claims including legal defense costs subject to policy terms, limits and exclusions.

***Without common law cover;***

- mean the employer may have to bear the financial consequence of a common law claim themselves.

**Exclusions**

War, civil war, AIDS, childbirth, miscarriage, provoked murder or assault, traveling as an aircraft crew, aerial activities, martial arts, racing, radiation, nuclear weapons material and pre-existing condition.

**NOTE:**

This brochure is not a contract of insurance. The policy with its specific terms, sum insured, exclusions and conditions applicable to this insurance will only be issued upon acceptance of the proposal.

*Please refer to Policy wording for full details.*

| Section | Coverage | EMPLOYEES PACKAGE PROTECTOR PLAN | | |
|---|---|---|---|---|
| | | FWP (Foreign Worker Package) | FWPX (Foreign Worker Package) * NO COMMON LAW | LWP Local Worker Package (For Yellow / Red IC card holder ) |
| 1 | Workmen's Compensation<br>- Death B$28,800.00 max<br>- Permanent Disability *B$36,000.00 max*<br>- Other forms of injury *Amount as per Labour Dept. assessment*<br>- Medical Expenses *B$10,000.00 each and every claim*<br>*Territorial Limits* | ✓<br>Brunei | ✓<br>Brunei | ✓<br>Brunei |
| 2 | 24 Hours Personal Accident<br>Sum Insured<br>*Territorial Limits* | ✓<br>B$10,000<br>Worldwide | ✓<br>B$10,000<br>Worldwide | ✓<br>B$10,000<br>Worldwide |
| 3 | Medical Expenses arising from accident<br>Sum Insured<br>*Territorial Limits* | ✓<br>B$5,000<br>Worldwide | ✓<br>B$5,000<br>Worldwide | **NIL** |
| 4 | Repatriation Expenses<br>Sum Insured<br>*Territorial Limits* | ✓<br>B$7,500<br>Brunei | ✓<br>B$7,500<br>Brunei | ✓<br>B$1,000<br>Brunei |
| 5 | Daily Hospital Income<br>Sum Insured Per day max. 60 days<br>*Territorial Limits* | ✓<br>B$20<br>Brunei | ✓<br>B$20<br>Brunei | ✓<br>B$20<br>Brunei |
| 6 | Hospital & Surgical Expenses<br>Sum Insured<br>*Territorial Limits* | ✓<br>B$100,000<br>Brunei | ✓<br>B$100,000<br>Brunei | **NIL** |
| 7 | Death benefit including death from natural causes<br>Sum Insured<br>*Territorial Limits* | ✓<br>B$5,000<br>Brunei | ✓<br>B$5,000<br>Brunei | ✓<br>B$5,000<br>Worldwide |
| | **Annual Premium per person add B$0.25 for stamp duty.** | **B$215** | **B$150** | **B$80** |

**Age Limit:**

- Between 16 years to 60 years old.

**Note:**
Benefits under Section 2 and / or 3 are payable only if no claim is made under Section 1.
Benefits under Section 5 is payable only if the claim is not payable under Section 1.
Benefits under Section 7 is payable only if the claim is not payable under Section 1 & 2.

If claim is payable under Section 1 - Workmen's Compensation or Section 3 – Medical Expense, the benefits under this Section 6 is only payable for claims solely due to inadequacy or exhaustion of the limit under the respective Section 1 or Section 3.

Further, the Insured must be admitted as an **in-patient** to claim under Section 6.

**Excluded Occupations**
Professional Divers, Police, Army/Military, Law Enforcement Officers, Aircraft Testers, Pilot or Crew, Seamen, Sea Fishermen, Racing Drivers, Jockeys, Oil Rig Workers, Sawyers, Timber Logging Workers, Firemen, War Correspondents, Steeplejacks, Stevedores, Persons Engaged in Demolition of Buildings, Persons Engaged in Ambulance Services, Woodworking Machinists, Explosive Handlers, Underground Tunneling, Mining, Professional Sportsmen, employees working with oil and gas companies directly involved in drilling, producing, refining and distributing.

**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.

## APPLICANT (EMPLOYER)

| | | |
|---|---|---|
| TITLE / NAME | | COMPANY NAME |
| ID TYPE *(please tick)* ☐ Smart Card Identity Number ☐ Passport Number ☐ Uniformed Services Number ☐ Birth Certificate Number | ID NUMBER *(please provide a copy)* | COMPANY REGISTRATION NUMBER *(please provide a copy)* |
| | | BUSINESS TYPE *(please tick)* ☐ Non-Construction ☐ Construction<br>If non-construction, please specify: |
| GENDER *(please tick)* ☐ Male ☐ Female | DATE OF BIRTH | |
| OCCUPATION | NATIONALITY | RESIDENTIAL STATUS *(please tick)* ☐ Citizen ☐ Permanent Resident ☐ Expatriates |
| ADDRESS | | |
| MAILING ADDRESS | | |
| CONTACT NUMBER *(Mobile)* | *(Home)* | *(Office)* |
| CONTACT PERSON | EMAIL | |

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

## INSURED EMPLOYEE(S)

| | Name | Passport No./ I/C No | Date of Birth | Occupation | Annual Wages | Plan |
|---|---|---|---|---|---|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

## DECLARATION

I/We declare to the best of my/our knowledge that the following statements are true and correct;

a) That the employee(s) do not have any physical defects, mental disorders or other physical infirmities or weakness of any kind and have never suffered any major injury disease or illness.
b) The employee(s) occupation is not in the list of excluded occupations stated in this brochure.
c) Other existing Personal Accident, Life or Sickness insurance are as follows:

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 National Insurance Company Berhad.
I/We further agree to accept a policy subject to the usual provisions and conditions prescribed by National Insurance Company Berhad therein.

DATE: _____

_____
Signature of Proposer

**FOR OFFICIAL USE**

| AGENT: | APPROVED BY: | APPROVED ON: |
|---|---|---|

NATIONAL INSURANCE COMPANY BERHAD

## DIRECT DEBIT AUTHORIZATION

**Credit Card Payment**

☐ VISA ☐ mastercard ☐ AMERICAN EXPRESS

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.

EPP20260901F

- Motor Vehicle Protector
- Travel Protector
- Golfers Protector
- National Accident Protector
- Personal Accident 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
- Insurance Guarantee (JITPA)

**employees** package protector proposal

NATIONAL INSURANCE COMPANY BERHAD

*HEAD OFFICE*

Units 12 & 13, Block A, Regent Square
Simpang 150, Kampong Kiarong
Bandar Seri Begawan BE1318
Negara Brunei Darussalam

P O Box 1251, Bandar Seri Begawan BS8672 Negara Brunei Darussalam

*Tel* : +673 222 6222
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
Jalan Pandan Tujuh
Kuala Belait KA1931
Negara Brunei Darussalam

P O Box 958, Kuala Belait, KA1531
Negara Brunei Darussalam

Tel : +673 333 1222, 333 6468, 333 6469
Fax : +673 334 2191
Email : kb@national.com.bn

***AGENT***

**www.national.com.bn**

NATIONAL
INSURANCE COMPANY BERHAD
In association with Allianz
(Reg No. RC00000102)