

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 _____	

FIRE20180201F

OTHER INSURANCE COVER AVAILABLE FROM NATIONAL INSURANCE COMPANY BERHAD

- Motor Vehicle Protector
- Travel Protector
- Golfers Protector
- National Accident Protector
- Personal Accident Protector
- Foreign Domestic Helper's Protector
- Workmen's Compensation Protector
- Home Protector
- Burglary 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

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 : +673 242 6888, 245 0800, 222 6222, 223 3999
 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



care free living

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

FIRE PROTECTOR

When a fire happens, the effects can be devastating. Your property or that of your business acquired from several years of work may be lost in a matter of a few moments. And then, replacing lost property may mean having to come up with substantial funding.

It may be impossible to completely eliminate the risk of a fire breaking out, but you can reduce the financial loss with our Fire Protector Policy.

Basic perils insured under Fire Protector

- Fire
- Lightning

Additional Perils that can be included under the policy:
(Please check the Policy Schedule for such extensions)

- Fires caused by Earthquakes and Volcanic Eruption, Hurricane, Cyclone, Tornado and Windstorm
- Hurricane, Cyclone, Windstorm, Typhoon
- Flood
- Riots and Strikes
- Malicious Damage
- Impact by road vehicles not under your control
- Explosions
- Water Damage due to bursting of pipes or overflowing of water tanks

Exclusions:

- Theft during or after a fire
- Damage caused by own spontaneous combustion or fermentation
- Damage to property by its undergoing of heating process
- Nuclear and ionization risks
- Consequential Losses
- War, mutiny and riots
- Terrorism acts
- Special perils

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.

TITLE	NAME OF PROPOSER	
IC NO. / BUSINESS REGISTRATION NO.: (please provide copy)		
DATE OF BIRTH / BUSINESS INCORPORATION DATE / /		
GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female
OCCUPATION/BUSINESS		
NATIONALITY		
MAILING ADDRESS		
CONTACT NUMBER	Home	Office
	Mobile	Fax
EMAIL		
MORTGAGEE (if applicable)		
NAME OF BORROWER (if applicable)		
PERIOD OF INSURANCE	From:	to

DESCRIPTION OF PREMISES

- Location of Property to be insured

Floor:	_____	Unit/Plot No.:	_____
Block No.:	_____	Simpang No.:	_____
EDR No.:	_____	Lot No.:	_____
Kampung/ District:	_____	Postcode:	_____
- Name of the Building:
- Building occupied as
- Construction of Building

Walls:	_____
Roof:	_____
Floor:	_____

If multistorey, please state how each floor is occupied:

- When was construction of building completed: _____
- Is the building attached or detached?
 Attached Detached
 If attached,
 (a) how many units are there? _____
 (b) what is the construction of the adjoining building?
 Same Different (Please provide details): _____
 (c) what is the trade or business carried on at the adjoining building? _____
- What is the type of building and occupation?
 (a) Single occupancy Multi occupancy
 (b) Dwelling Shophouse
 Office Restaurant
 Factory Others (please specify): _____
 Warehouse _____
- Are there any goods normally regarded as hazardous and dangerous stored/used in relation to your operation? Yes No
 If Yes, please provide details: _____
- Is any trade carried on or near the proposed premises or are there any circumstances connected with the premises which appear to increase the risk? Yes No
 If Yes, please provide details: _____
- Is there any spray painting process being carried out within the premises?
 Yes No

- What appliances are there for extinguishing fire?
 Hose reels Fire extinguisher Others (please specify) _____
- Will the premises be unoccupied for more than 30 continuous days in any one year?
 Yes No

INSURANCE HISTORY

- Is there any similar insurance in force on the same property? Yes No
 If yes, please state name of Company and amount of sum insured:- _____
- Have you ever made a claim for any loss caused by fire or flood in respect of this or any other property? Fire Yes No Flood Yes No
 If yes, please give details _____
- Has any Company ever cancelled or declined to accept or discontinued any of your Insurances? Yes No
 If yes, please give details. _____

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.

Signature of Proposer: _____

Date: _____

N.B. NO LIABILITY ATTACHES TO THE COMPANY UNTIL THIS PROPOSAL HAS BEEN ACCEPTED AND PREMIUMS PAID. THIS BROCHURE IS INTENDED ONLY AS A GENERAL SUMMARY. PLEASE REFER TO THE ACTUAL POLICY FOR EXACT TERMS AND CONDITIONS.

Property to be Insured	Sum Insured	For Office Use
1. On Building excluding foundation	B\$	Class:
2. On _____ Months Rental at \$ _____ per month	B\$	Risk block No:
3. On Stock in trade of _____	B\$	Rate:
_____		Premium:
4. On Plant, Machinery, Equipment	B\$	Account:
5. On Furniture, Fixtures and Fittings	B\$	Policy No.:
6. On household utensils & personal effects	B\$	Extraneous Perils:
7. Removal of Debris	B\$	Warranties:
8. Professional Fees	B\$	Approved on:
9. Others (Please specify)	B\$	Approved by:
Total Sum Insured	B\$	