marine cargo protector marine cargo protector

**NATIONAL INSURANCE COMPANY BERHAD** 

## **DIRECT DEBIT AUTHORIZATION**

### **Credit Card Payment**

_	
	MasterCard









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.

Cardmember	
Cardmember's Account No.	
Expiry date	

Policy No. Name of

Name of

Insured

**Premium Amount** 

Date	
Dutt	

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.

# **CLASSES OF BUSINESS** UNDERWRITTEN BY NATIONAL INSURANCE

#### **PROPERTY**

- Fire & Named Perils
- Consequential Loss Policy / Business Interruption
- Home Protector
- Industrial All Risk / Property All Risk

#### **ACCIDENT / MISCELLANEOUS**

- Motor Vehicles
- Ladv Auto Protector
- All Risks
- Theft / Burglary
- Fidelity Guarantee
- Money
- Personal Accident: Individual, Group and Travel
- National Accident Protector
- Equipment All Risks
- Workmen's Compensation
- Golfers Package
- National Group Medical Insurance
- Foreign Domestic Helper Package
- Employees Package Protector
- Mortgage Reducing Term Assurance
- Critical Illness
- Senior Accident Protector
- Family Personal Accident Protector

#### **ENGINEERING**

- Contractor's All Risks
- Erection All Risks
- Computer All Risks

#### BONDS

- Performance Bond
- Labour Guarantee

#### LIABILITY

- Public Liability
- Professional Indemnity

#### MARINE

- Marine Cargo
- Marine Hull

#### **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

+673 242 9888 (Administration/Claims)

+673 245 4277 (Underwriting)

+673 223 8999 (Business Development)

+673 245 4303 (Accounts)

insurance@brunet.bn

#### KUALA BELAIT

Unit 20. Block C. Lot 8989 Jalan Pandan Tujuh Kuala Belait KA1931 Negara Brunei Darussalam

P O Box 1336, Kuala Belait KA1189 Negara Brunei Darussalam

+673 333 1222, 333 6468, 333 6469, 333

2038

+673 334 2191 Fax kb@national.com.bn

AGENT



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# MARINE CARGO PROTECTOR

When your goods are moved, you want and expect them to reach their destination in the same condition as they were when they were packed. However, when unpacking, you may find some of your items damaged from the transit. Although the damage may have been done, the next best thing is to be indemnified for the loss or damage with our Marine Cargo Protector Insurance.

It's shipping your belongings with one less worry.

# **COVERAGE**

There are three main forms of coverage available to protect your belongings:-

• Institute Cargo Clauses (A)

The most extensive cover available whereby all risks of loss or damage are covered except for those that are specifically excluded in the policy.

• Institute Cargo Clauses (B)

Under this coverage, the perils insured against are:-

- Fire or explosion
- · Sinking, stranding, grounding, capsizing of the ship
- Collision of ship
- Overturning or derailment of land conveyance
- · Earthquake, volcanic eruption, lightning
- · Jettison and washing overboard
- Discharge of cargo at port of distress
- Entry of sea, lake, river water into vessel
- General Average Sacrifice
- Total Loss of package during loading or discharge
- Institute Cargo Clauses (C)

The most restricted form of cover that provides protection against loss or damage due to:-

- Fire or explosion
- Sinking, stranding, grounding, capsizing of the ship
- · Overturning or derailment of land conveyance
- Collision of ship
- · Discharge of cargo at port of distress
- Jettison

#### **EXCLUSIONS IN BRIEF**

- Losses attributable to Insured's wilful misconduct
- · Ordinary leakage, loss in weight or wear and tear
- Insufficient packing
- Inherent vice or nature of goods
- Losses caused by delays Losses from nuclear risks
- Terrorism
- Rust, oxidization, discoloration, staining, denting
- Unseaworthiness of the ship

#### **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** You must disclose all facts, which could affect the acceptance of your insurance, otherwise the policy may be declared void. NAME OF INSURED I/C NUMBER / COMPANY REG. NO. BUSINESS ADDRESS MAILING ADDRESS CONTACT NUMBER Office Mobile Fax | Email 1. Name of Bank (or any other interested parties) 2. Consignee : Consignor: 3. INTEREST INSURED · Description of Goods to be insured (please specify currency) Shipping Marks Number of Cargo Description Goods Value Packages TOTAL VALUE PLUS INSURED VALUE Are the goods:  $\square$  New  $\square$  Used  $\square$  Reconditioned (Please attach a copy of invoice or packing list) Packing ☐ Cartons ☐ Crates ☐ Pallets Others (please specify): Conventional (Non-containerised) Full container load Low container load

4.	CONSIGNMENT OF INTEREST	
	Voyage Details	
	From	
	Conveyance:  By Air	
	<ul><li>□ By Sea</li><li>□ By Air and Sea</li></ul>	
	Others (please specify):	
	Vessel/Flight No:	
	ETD:	
	ETA :	
	Is transhipment required?	
	Is partial shipment required?	
	how many shipments will be made altogether?     what is the maximum sum insured per shipment?	
	COVER REQUIRED ease tick in the appropriate boxes)	
 	ICC (A)	
_	WAR STRIKES Others (please specify):	
	PORTANT: Cover for non-containerised cargo shipped on deck will automatically be stricted to Institute Cargo Clauses (C) 1.1.82	
6.	ESTIMATED ANNUAL TURNOVER:	
7.	CLAIMS HISTORY	
	Have you ever made a claim under this kind of insurance in the past 3 years?	
	Yes No If yes, please provide details:	
	ii yes, piease provide details.	
state shal furtl	<b>CLARATION:</b> I/We hereby apply for insurance as herein described and warrant that the ements and particulars above are true. I/We agree that this proposal and declaration I form the basis of the contract between myself/ourselves and the Company. I/We her agree to accept a policy subject to the usual provisions and conditions prescribed he Company therein.	
Sig	gnature of Proposer and date	
F	DR OFFICIAL USE	
AGENT :		
PC	POLICY NUMBER:	
PF	PREMIUM RATE :	

EXCESS: