# 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 B\$10,000 in the event of accidental death or Permanent Disability.

### 3. Medical Expenses

Pays up to B\$5,000 for medical expenses incurred as a result of an accident.

#### 4. Repatriation Expenses

Pays up to B\$7,500 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 B\$5,000 / B\$7,500 / B\$10,000 for hospital & surgical expenses incurred as a result of hospitalization due to illness.

#### 7. Death Benefit

Pays up to B\$5,000 / \$7,500 for any death including from natural causes.

#### Age Limit:

Between 16 years to 60 years old.

#### Exclusions

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

#### **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	EPP1 (For local only)	EPP2	EPP3	EPP4	EPP5 (For Domestic Helper only)	EPP6 (Recommended for local only)	EPP7
1	Workmen's Compensation - Death B528,800.00 max - Permanent Disability B536,000.00 max - Other forms of injury Amount as per Labour Dept. assessment - Medical Expenses B510,000.00 each and every claim	~	V	~	~	V	~	~
	Territorial Limits	Brunei	Brunei	Brunei	Brunei	Brunei	Brunei	Brunei
2	24 Hours Personal Accident Sum Insured Territorial Limits	B\$10,000 Worldwide	B\$10,000 Worldwide	B\$10,000 Worldwide	B\$10,000 Worldwide	B\$10,000 Worldwide	B\$10,000 Worldwide	B\$5,000 Worldwide
3	Medical Expenses arising from accident Sum Insured Territorial Limits	B\$5,000 Worldwide	B\$5,000 Worldwide	B\$5,000 Worldwide	B\$5,000 Worldwide	B\$5,000 Worldwide	NIL	B\$5,000 Worldwide
4	Repatriation Expenses Sum Insured Territorial Limits	B\$7,500 Brunei	<b>√</b> B\$7,500 Brunei	B\$7,500 Worldwide	B\$7,500 Worldwide	<b>√</b> B\$7,500 Brunei	B\$1,000 Brunei	B\$5,000 Worldwide
5	Daily Hospital Income Sum Insured Per day max. 60 days Territorial Limits	NIL	B\$20 Brunei	B\$20 Worldwide	B\$20 Worldwide	B\$20 Brunei	B\$20 Brunei	NIL
6	Hospital & Surgical Expenses Sum Insured Territorial Limits	NIL	B\$10,000 Brunei	B\$10,000 Worldwide	B\$10,000 Worldwide	B\$10,000 Brunei	NIL	B\$10,000 Worldwide
7	Death benefit including death from natural causes Sum Insured Territorial Limits	NIL	NIL	B\$5,000 Worldwide	B\$7,500 Worldwide	<b>S</b> \$5,000 Brunei	B\$5,000 Worldwide	NIL
	Annual Premium per Person	B\$80	B\$125	B\$175	B\$190	B\$125	B\$80	B\$50

# Limit under section 6 - Hospital & Surgical Expenses is B\$5,000.00 (Applicable to EPP2, EPP3 & EPP5) and B\$7,500.00 (For Plan EPP4 only). Limit under Section 7 - Death Benefit including Death from Natural Causes is \$5,000.00 (For Plan EPP3, EPP4, EPP5 & EPP6) Annual Premium per Person EPP1 EPP2 EPP3 EPP4 EPP5 EPP6 B\$80 B\$100 B\$125 B\$150 B\$100 B\$80

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 6 is payable only if the claim is not payable under Section 1 & 3.

Benefits under Section 7 is payable only if the claim is not payable under Section 1 & 2.

#### **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, Stewedores, 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.

#### **Definition - Class 3 Occupations**

Any person employed in an occupation involving manual work such as but not limited to persons engaged as construction workers, electrical wireman, grass cutters, farmers, fishmonger, motor mechanic, painters, plumbers, butcher, factory machiner operators, commercial vehicle and heavy machinery drivers.

#### NATIONAL INSURANCE COMPANY BERHAD

## **PROPOSAL FORM**

POLICY NUMBER:

APPROVED BY:

PREMIUM:

AGENT:

APPROVED ON:

**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)			MAILING ADDRES	s		
TITLE   NAME						
I/C NUMBER	COMPANY REG. NO.	<del></del>	CONTACT NUMBE	R Home	Office	
GENDER Male Female	DATE OF BIRTH			Mobile	Fax	
OCCUPATION	NATIONALITY		Email			
ADDRESS			BUSINESS:			
			PERIOD OF INSUR	ANCE Effective from:	to	
INSURED EMPLOYEE(S)						
Name		Passport No./ I/C No	Date of Birth	Occupation	Annual Wages	Plan
1						
2						
3						
4						
5						
6		_				
Limit under section 6 - Hospital & Su	rgical Expenses is B\$5,000.0	00 (Applicable to EPP2, EPP3 & EPP5)	and B\$7,500.00 (For Plan E	EPP4 only).		
DECLARATION						
I/We declare to the best of r						
		nysical defects, mental di	sorders or other p	hysical infirmiti	es or weakness of a	ny kind and
have never suffered and b) The employee(s) occup		ase or illness. list of excluded occupati	ons stated in this b	orochure.		
		ickness insurance are as				
I/We hereby apply for insura proposal and declaration sh policy subject to the usual p	all form the basis o	of the contract between r	myself/ourselves a	nd the Compan		
DATE:					<u> </u>	
FOR OFFICIAL USE			Signature of Proposer			

#### NATIONAL INSURANCE COMPANY BERHAD

# **DIRECT DEBIT AUTHORIZATION**

#### **Credit Card Payment**

MasterCaro	١
	y.







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

- Motor Vehicle Protector
- Travel Protector
- Golfers Protector
- National Accident Protector
- Personal Accident Protector
- Foreign Domestic Helper's 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)

#### NATIONAL INSURANCE COMPANY BERHAD

#### **HEAD OFFICE**

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AGENT

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