



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 _____

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

WC120200801F

NATIONAL INSURANCE COMPANY BERHAD

HEAD OFFICE

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AGENT

www.national.com.bn



WORKMEN'S COMPENSATION PROTECTOR

Workmen's Compensation insurance is the basic compulsory insurance required by law. The Policy:-

- Has been designed to cover employer's liability under statute
- Covers against personal injury by accident or disease arising out of and in the course of employment

Summary of Benefits are as follows:-

- Death : B\$28,800 max
- Permanent Disability : B\$36,000 max
- Other forms of injury : Amount as per Labour Dept. Assessment
- Medical Expenses : B\$10,000 each and every claim

Definition - Class 3 Occupation

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, commercial vehicle and heavy machinery drivers.

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.

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./ COMPANY REG. NO. _____

BUSINESS _____

ADDRESS _____

MAILING ADDRESS _____

CONTACT NUMBER

HOME	OFFICE
MOBILE	OTHER

EMAIL _____

FAX _____

PERIOD OF INSURANCE FROM _____ TO _____

DESCRIPTION OF BUSINESS

1 Insured's Business: _____

2 Particulars of Business to which this proposal relates:

Number of years the business has been in operation: _____

3 Place(s) of employment: anywhere within Negara Brunei Darussalam
 others, please specify _____

4. Are you insuring:-
(a) all employees in your services? Yes No
If No, please provide details on a separate piece of A4 paper on the employees not insured.

(b) all of your sub-contractors? Yes No
If yes, please provide details of your sub-contractors and the nature of work sub-let on a separate piece of A4 paper.

5. Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition? Yes No

6. Are your premises maintained in a good state of repair? Yes No

7. State what acids, gases, chemicals and/or explosives will be used in your business and to what extent. _____

8. Are any of the employees insured involved in the manufacture, handling or processing of asbestos or materials containing Yes No asbestos?

9. Will any of the employees insured be working offshore? Yes No
If yes, please provide details such as frequency, duration of each shift and nature of work below _____

10. Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees? Yes No
If yes, please state name of Insurers. _____

11. Has any insurer ever:
a) declined your proposal? Yes No
b) cancelled or refused to renew your policy? Yes No
c) increased your premium on renewal? Yes No
d) imposed special conditions to insure you? Yes No
If yes to any of the above questions, please provide details below. _____

12. Have any of your workmen in the past 5 years sustained any bodily injury or disease arising out of and in the course of employment? Yes No
If yes, please provide details of incident _____

Year	No. of workmen involved	Total Compensation paid	Compensation outstanding	Nature of Accident

DECLARATION: I/We hereby apply for insurance as herein described and I/we warrant that the statements and particulars above and on the front hereof are true and I/we agree that this proposal and declaration shall be of a promissory nature and effect and the basis of the contract between myself/ourselves and the Company, and I/we further agree to accept a policy subject to the usual provisions and conditions prescribed by the Company therein and pay the first premium thereunder when called upon to do so.

Signature of Proposer and date _____

FOR OFFICIAL USE	
POLICY NUMBER:	AGENT:
PREMIUM:	APPROVED ON:
APPROVED BY:	

SCHEDULE OF EMPLOYEES TO BE INSURED					
Description of Employees	Passport No./ I/c No.	Occupation	Wages / Salaries / Earnings	Allowances if any	Total Earnings

Please tick box to extend to cover repatriation expenses for employees in the event of death or permanent disablement of employee
 Include RC — Repatriation Expenses (B\$7,500.00)