



care free living



EXTENDED TO COVER

(Refer Policy wording for full details)

- Kidnapping
- Coma
- Repatriation expenses
- Hijacking
- Disappearance
- Accident consequent upon intoxication by alcohol
- Suffocation through smoke, fumes or poisonous gas
- Food or drinks poisoning
- Intoxication by drugs (drugs must be prescribed by doctor)
- Motor Cycling
- Drowning
- Hunting
- Strike, Riot and Civil Commotion
- Unprovoked murder and assault
- Scuba diving (up to 50 meters deep)
- Amateur sports (except those excluded in the policy)
- Winter sports
- Water sports including yachting and water skiing
- Polo playing
- Bungee Jumping
- Natural disasters including Tsunami, La Nina, El Nino, flood and earthquake
- Insect bites, snake bites, and animal bites
- Unavoidable exposure to natural elements following an accident
- Hotline Assistance Services (free of charge)
- SOS Emergency Medical Evacuation (subject to additional premium)

ADDITIONAL BENEFITS

(Refer Policy wording for full details)

- a. Renewal Bonus**
Upon renewal of insurance the sum insured shall be increased by 5% per year up to 50% of the original sum insured regardless of any claims made under medical expenses, weekly benefits, ambulance fees and corrective dental and cosmetic surgery.
- b. Double Indemnity**
Pays double the principal sum insured if you suffer from permanent loss of use of two limbs, total paralysis or death as a result of an accident whilst travelling in public transport.
- c. Kidnap Benefit**
Upon submission of police report and verification by the police, the Company will pay the insured a lump sum of B\$2,500 for necessary expenses incurred and also offer a reward of B\$2,500 for his/her recovery. The principal sum insured will be paid in full if the insured is not recovered after a period of three (3) years from the day of the kidnap.
- d. Coma**
Upon certification by a physician that the Insured has been in coma state for at least one year due to an accident covered by the Policy, the Company will pay 100% of the Principal Sum Insured.

e. Repatriation Expenses

The Company will indemnify the insured for the repatriation expenses for a sum up to a maximum of B\$7,500.00 if during the period of insurance the insured shall sustain bodily injury caused by accident or illness which results in death (including death from all known or unknown causes) or total permanent disablement occurring within 12 calendar months from date of such accident or illness.

f. Disappearance

If after a period of six years has lapsed from the date of reported disappearance and the Company having examined all evidence available shall have no reason to suppose other than that an accident has occurred which in all probability has resulted in death of the Insured, the disappearance of the Insured shall be considered to constitute a claim under this Policy and the Principal Sum Insured shall be payable.

g. Sinseh/Traditional Treatments, Medical Report, Postmortem Report

Sinseh or traditional treatments B\$25 per visit up to B\$250 per accident and the cost of medical report or postmortem report are also payable.

h. Corrective Dental and Cosmetic Surgery

In addition to paying medical expenses, the Company also pays you up to B\$2,500 for the necessary additional expenses incurred for corrective dental and/or corrective surgical operations to the neck and head.

i. Bereavement Allowance

In addition to all other payments, the Company will pay B\$2,500 as bereavement allowance in the event of accidental death.

j. Ambulance Fees

Pays ambulance fees incurred consequent upon an accident up to B\$200 per accident.

k. Hotline Assistance Services (Free)

Contact number for assistance, International SOS Pte Ltd, Singapore : 65-6339 9923

International SOS Pte Ltd., upon request, shall provide pre-trip information such as visas and inoculation requirements for foreign countries worldwide, facilitate the process of getting the insured in touch with medical service providers, arrange for a doctor to visit the insured at his location or for admissions at hospital while overseas.

These service are purely on an arrangement basis only. International SOS Pte Ltd shall not pay or be responsible for any expenses which shall be solely the insured's responsibility.

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 INSURED	
I/C NUMBER (please provide copy)	DATE OF BIRTH
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
OCCUPATION	NATIONALITY
ADDRESS	
MAILING ADDRESS	
CONTACT NUMBER <i>Home</i>	<i>Office</i>
<i>Mobile</i>	<i>Fax</i>
EMAIL	
CONTACT PERSON	
PERIOD OF INSURANCE <i>Effective from:</i> _____ <i>to</i> _____	

I declare to the best of my knowledge that the following statements are true and correct

- A. I do not have any physical defects, mental disorder or other physical infirmities or weakness of any kind and I have never suffered any major injury disease or illness.
- B. I am either gainfully employed or have a regular income from my own business and the weekly benefits selected is not more than my weekly income.
- C. If I am not gainfully employed or with no regular income from my own business, no weekly benefits will be paid in the event of a claim.
- D. My occupation is not in the list of excluded occupations stated in this brochure.
- E. My other PA, Life or sickness insurance are as follows :-
- F. Other material fact:

My chosen plan is indicated below e.g. Plan B 5
 Plan A _____ Plan B _____ Plan C _____ Plan D _____

Premium : \$ _____ + B\$0.25 stamp Duty.

I agree that the statements and declaration in this proposal shall form the basis of the contract of insurance with the Company and are deemed to be incorporated in the contract. The proposal is deemed accepted by the Company only after the Policy is issued.

Signature of proposer and date

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

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.

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, KA1189
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



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WHO IS ELIGIBLE?

- Brunei Citizens, Brunei Permanent Residents and work permit holders legally employed in Brunei.
- Insured Person are between the ages of sixteen (16) years and sixty (60) years at the date of inclusion and renewable up to sixty five (65) years old.
- Your occupation is defined below.

OCCUPATION

- Professions and occupations involving indoor work mainly of a sedentary (requiring much sitting) nature such as accountants, administrators, architects, auditors, bankers, clergymen, clerks, dentists, indoor sales representatives, lawyers, medical practitioners, secretaries, stockbrokers, surgeons, pharmacists and teachers.
- Professions and occupations involving outdoor or site work or occasional manual work only when supervising workmen, such as builders (superintending), civil engineers, commercial travellers, decorators (superintending), private drivers, foremen, grocers, hairdressers, outdoor salesmen and surveyors.
- Professions and occupations involving manual work such as bakers, builders (not using woodworking machinery), electrical engineers, farmers, fishmongers, motor or mechanical engineers, painters, plumbers, commercial vehicle drivers.

EXCLUDED OCCUPATION

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 and Mining and Professional Sportsmen

EXCLUSIONS

War, Civil War, AIDS and disease including dengue fever, childbirth, miscarriage, provoked murder or assault, travelling as an aircraft crew, aerial activities, martial arts, racing, radiation and nuclear weapons material.

TABLE OF BENEFITS AND PREMIUM

BENEFITS		ANNUAL PREMIUM [B\$]									
SUM INSURED [B\$]		OCCUPATIONS 1 & 2					OCCUPATION 3				
Death or Permanent Disablement	Medical Expenses	With Weekly Benefits			Without Weekly Benefits		With Weekly Benefits			Without Weekly Benefits	
		Benefits	Premium	Plan	Premium	Plan	Benefits	Premium	Plan	Premium	Plan
25,000	2,000	50	84	A1	54	B1	25	108	C1	86	D1
50,000	3,000	100	126	A2	86	B2	50	175	C2	138	D2
100,000	4,000	150	201	A3	150	B3	75	286	C3	234	D3
150,000	5,000	200	275	A4	204	B4	100	402	C4	340	D4
200,000	6,000	250	350	A5	268	B5	125	556	C5	468	D5
300,000	7,000	300	484	A6	374	B6					
500,000	8,000	500	843	A7	627	B7					
750,000	9,000	750	1,120	A8	872	B8					
1,000,000	10,000	1,000	1,472	A9	1,147	B9					

Please add B\$0.25 for stamp duty.

NOTE:

Person(s) not earning an income e.g. housewife, student, retiree, is not entitled for weekly benefits.

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.