



care free living



Summary of Benefits

	Section 1 - Building	Section 2 - Contents	Section 3 - Multi Risks <i>(available with Section 2 only)</i>	Section 4 - Personal and Family Liability	Section 5 - Free Benefits	Section 6 - Domestic Workers' Compensation
Definition	Includes outbuildings, fixtures and fittings attached to the building, in-ground swimming pool, underground services, walls, gates and fences and all improvements of a structural nature. Building to be built of brick and concrete and roofed with concrete, metal and other non-combustible materials.	All contents of every description and tenant's fixtures and fittings belonging to you or for which you are legally responsible or to members of your family permanently residing with you.	Covers personal property worn or carried by you against accidental loss or damage anywhere in the world, e.g. watch, camera, jewellery.			Provides cover against claims made by your domestic employees under the Workmen's Compensation Law in Brunei or at Common Law.
Insured Events	<ul style="list-style-type: none"> • Fire, explosion, lightning, thunderbolt, subterranean fire • Burglary, housebreaking, theft • Riots, civil commotion or strikes • Malicious damage • Bursting, leaking or overflow of water tanks, pipes or apparatus • Impact damage caused by aircraft, road vehicles or animals, falling trees, TV aerials or masts • Windstorm, hurricane, cyclone and typhoon • Accidental breakage of fixed glass • Flood, including overflow of the sea 		Accidental loss or damage not otherwise excluded. Excluding money, contact lenses, dentures, mobile phones, pagers, sports equipments whilst in use, records, tapes, computer, laser discs.	Covers you and your family members residing with you for legal liability in respect of bodily injury or death to persons or loss or damage to property worldwide of up to BND 500,000. (excluding USA and Canada)	Fatal Accident to Insured or Spouse occurring in the private dwelling caused by thieves or by fire, if death occurs within three calendar months of the accident.	
Additional Benefits	<ul style="list-style-type: none"> • Architects' surveyors and legal fees • Removal of debris • Loss of rent • Legal Liability as the owner of the building up to BND 500,000. 	<ul style="list-style-type: none"> • Architects' and legal fees • Removal of debris • Cost of temporary accommodation • Includes domestic workers' property • Legal Liability as the occupiers of the premises up to BND 500,000. 				
Basis of Settlement	<ul style="list-style-type: none"> • Replacement Basis for buildings built in and after 1960 • Indemnity Basis for buildings built prior to 1960 	Indemnity basis	Indemnity basis			

Note: This brochure is intended as a general summary and is subject to the terms and condition of the policy.

OTHER INSURANCE COVER AVAILABLE FROM NATIONAL INSURANCE COMPANY BERHAD

- Motor Vehicle Protector
- Critical Illness
- Travel Protector
- Golfers Protector
- National Accident Protector
- Personal Accident Protector
- Foreign Domestic Helper's Protector
- Workmen's Compensation Protector
- Employees Package 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

NATIONAL INSURANCE COMPANY BERHAD

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AGENT

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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
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I/C NUMBER	DATE OF BIRTH
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GENDER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
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OCCUPATION	NATIONALITY
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MAILING ADDRESS

CONTACT NUMBER	HOME	OFFICE
	MOBILE	FAX

EMAIL

Mortgagee (If applicable)

PERIOD OF INSURANCE: Effective from:	to
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Address of property to be insured:

Construction of the building:

a. Are the walls and floors made of concrete?
 Yes No

b. Is the roof constructed of ceramic or iron? If no, please advice.
 Yes No

c. How is the building occupied?
 Own residence Rented Rented out

d. Is the building attached or detached?
 attached detached

SECTION 1 - Building

Sum insured: B\$	Premium: B\$
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SECTION 2 - Contents

Please list contents for full value on indemnity basis. Unless specified, each item shall be deemed not to exceed B\$500 or 5% of the sum insured under this Part, whichever is the greater. The total of such unspecified item shall be deemed not to exceed one-third of the sum insured.

Sum insured: B\$	Premium: B\$
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Specified item (exceeding B\$500)	Value
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If space provided is not sufficient, please attach a list with this Proposal Form.

Security of the Premises

a) Are all windows and doors on the ground floor fitted with either security grilles or electronic alarm system? Yes No

b) What other security devices do you have on the premises?

OPTIONAL SECTIONS - Only available in addition to Section 1 and/or Section 2.

SECTION 3 - Multi Risks

Please list items for full value on indemnity basis. Unless specified, each item shall be deemed not to exceed B\$500. The total of such unspecified items shall be deemed not to exceed one-third of the sum insured under Part two.

Sum insured: B\$	Premium: B\$
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Specified item (exceeding B\$500)	Value
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If space provided is not sufficient, please attach a list with this Proposal Form.

SECTION 4 - Personal And Family Liability

Please tick if required
 Yes No
Limit of indemnity B\$500,000.00 Premium B\$25.00
(any one accident and any one period of insurance).

SECTION 5 - Fatal Accident To Insured Or Spouse

This benefit is provided at no extra charges provided Section 1 and/or 2 is taken up otherwise, this section is void.

Sum insured: B\$10,000.00 No charge

SECTION 6 - Domestic Worker's Compensation

Please indicate number of employees to be insured.

Domestic servant :	person(s)
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Driver :	person(s)
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Gardener :	person(s)
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Limit of Indemnity: As per Workmen's Compensation Act.
Premium: B\$35 per employee per year.

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 Insurance? Yes No
If yes, please give details.

I hereby declared that my previous property and liability insurance, if any, has been accepted on normal terms and no Insurer has declined my insurance. The sum under Section 1,2 and/or 3 represent the full value of the property.

Signature of Proposer and date

FOR OFFICIAL USE

POLICY NUMBER:	AGENT:
PREMIUM:	APPROVED ON:
APPROVED BY:	

DIRECT DEBIT AUTHORIZATION (optional)

Credit Card Payment

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> OTHERS
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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.