




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.

Name of Cardmember	Card Verification Value
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

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
- 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

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

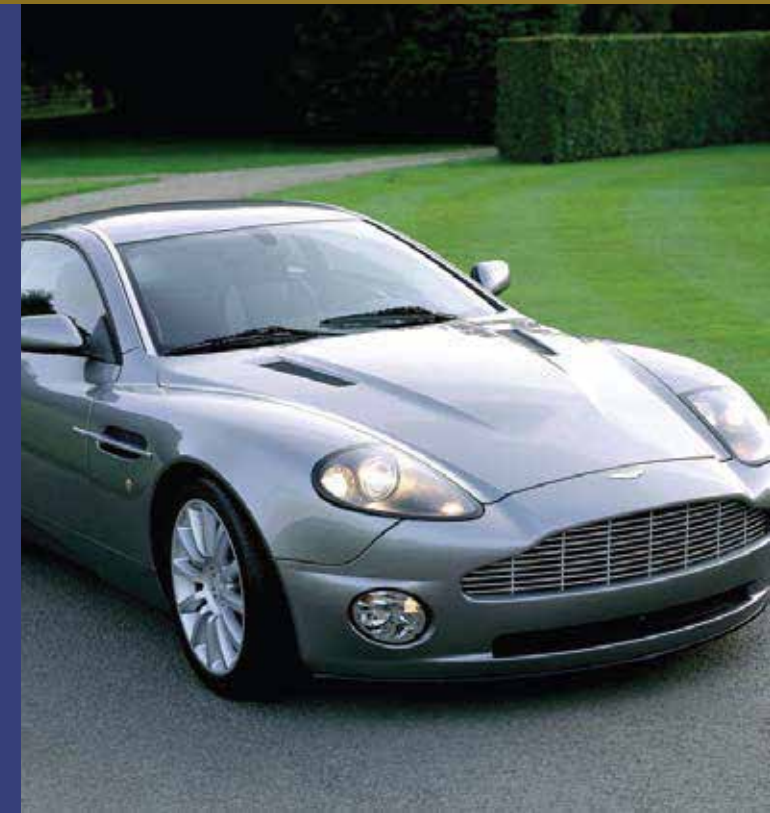
Unit 20, Block C, Lot 8989
 Jalan Pandan Tujuh
 Kuala Belait KA1931
 Negara Brunei Darussalam

P O Box 958, Kuala Belait, KA1531
 Negara Brunei Darussalam

Tel : +673 333 1222, 333 6468, 333 6469
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 Email : kb@national.com.bn

AGENT

www.national.com.bn



care free driving

PMOTOR20170401F

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



PRIVATE MOTOR VEHICLE PROTECTOR

Whether you own a motor vehicle or a motorcycle, the Law requires you to have motor insurance cover before you are permitted to put the vehicle on the road. The minimum level of motor insurance you must have is Third Party Cover. We offer two plans to choose from: Comprehensive and Third Party Cover.

Coverage	Comprehensive	Third Party
Liability for death or bodily injury to third party	Unlimited	Unlimited
Liability for damage to third party property	Up to BND 200,000.00	Up to BND 200,000.00
Legal defense for driver on charges of causing death or bodily injury to third party	Covered	Covered
Loss or damage to insured vehicle due to accidental collision or overturning	Up to Sum Insured	Not Covered
Theft of vehicle or its accessories (tyres, headlights, bumper, etc)	Up to Sum Insured	Not Covered
Malicious damage to vehicle caused by a third party	Up to Sum Insured	Not Covered
Loss or damage to vehicle due to fire, external explosion, self-ignition or lightning.	Up to Sum Insured	Not Covered
Accident whilst in transit (including loading and unloading) and includes inland waterway	Up to Sum Insured	Not Covered
Towing of vehicle after an accident	Covered	Not Covered
No Claim Discount given on renewal of policy provided no claim made during the policy year.	Up to 50%	Up to 30%
Optional additional covers: Legal liability to passenger, accessories, medical expenses, flood, windscreen, personal accident cover, NCD protection, vehicle excess protection, available on payment of additional premium	Available on payment of additional premium	Not available
Vehicle breakdown towing service	Available on payment of additional premium	Available on payment of additional premium
Geographical Area	Brunei Darussalam, Sabah, Sarawak and Labuan in Malaysia	

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

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		
I/C NUMBER (please provide copy)		DATE OF BIRTH	
GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female	RACE
OCCUPATION	NATIONALITY		
ADDRESS			
MAILING ADDRESS			
CONTACT NUMBER	Home	Office	
	Mobile	Fax	
Email			
Hire Purchase Company			
PERIOD OF INSURANCE	Effective from:	to	

VEHICLE TO BE INSURED

(This Section does not need to be completed if a copy of the registration card is attached.)

REGISTRATION NUMBER
MAKE
MODEL
ENGINE CAPACITY (C.C)
YEAR OF MANUFACTURE
ENGINE NO.
CHASSIS NO.
SEATING CAPACITY (incl.driver)
DATE PURCHASED

TYPE OF COVER REQUIRED

Please tick cover required:

COMPREHENSIVE ESTIMATED CURRENT VALUE: _____
 THIRD PARTY ONLY

ADDITIONAL NAMED DRIVER

1. _____
 2. _____

BASIC INFORMATION AND INSURANCE HISTORY

1. Is the car now in roadworthy condition? _____

2. Will the car be used solely for social, domestic and pleasure purposes? _____

3. Have you ever had an insurance policy cancelled by any Insurance Company? If yes, state reason. _____

4. Is the Vehicle currently insured? If so, with which company? _____

5. Over the past 5 years, have you made any claim against any insurance company on any vehicle owned or driven by you? _____

6. Are you entitled to No Claim Bonus? If so, please attach proof from previous insurer: _____

OPTIONAL BENEFITS

Please tick box if additional benefits is required

Windscreen (state the value) \$ _____
 Personal Accident (Passenger) _____
 Accessories (state the value) \$ _____
 (radios, sport rims, etc)
 Passenger Legal Liability.
 NCD Protection
 Vehicles Excess Protection

DECLARATION: I/We hereby apply for insurance as herein described and warrant that the statements and particulars above are true. I/We agree that this proposal and declaration shall form the basis of the contract between myself/ourselves and the Company. I/We further agree to accept a policy subject to the usual provisions and conditions prescribed by the Company therein.

Signature of Proposer _____

FOR OFFICIAL USE

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