

NATIONAL INSURANCE COMPANY BERHAD

HEAD OFFICE

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AGENT

www.national.com.bn



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.

SAP20201001F

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
- Employees Package 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
- Insurance Guarantee (JITPA)



care free golden years



Senior Accident Protector

When we come to our golden years, we face some obstacles along our path. Buying an insurance could be one of these. Here in National Insurance, we understand that there should be some peace of mind during one's golden years and we have tailored a personal accident cover to suit this group.

Our Senior Accident Protector is designed for those between the ages of 55 to 75 to take care of their accidental medical and disability treatments and also gives them protection against their legal liability to third party.

That's one worry less off your mind and another reason to truly enjoy your golden years in life

COVER & BENEFIT LIMITS

Coverage	Silver	Gold	Platinum
Personal Accident	\$50,000	\$100,000	\$200,000
Medical Reimbursement	\$ 1,000	\$ 1,500	\$ 2,500
Repatriation Expenses	\$ 2,000	\$ 2,000	\$ 2,000
Funeral Expenses	\$ 2,000	\$ 2,500	\$ 3,500
Daily Hospital Income Benefit	\$ 20	\$ 30	\$ 50
Convalescence Allowance	\$ 5,000	\$ 5,500	\$ 6,500
Bereavement Allowance	\$ 200	\$ 300	\$ 500
Personal Liability	\$50,000	\$100,000	\$200,000
Premium	\$ 50	\$ 100	\$ 200

Personal Accident

Provides 24 hours worldwide cover against accidental death or injury.

Medical Reimbursement

Pays reasonable medical expenses incurred by the insured as a result of an accident.

Repatriation Expenses

Reimburse insured for expenses in repatriating the insured person back to his country of origin as a result of an accident.

Funeral Expenses

Reimburse insured's legal personal representative the reasonable funeral expenses in event of accidental death.

Daily Hospital Income Benefit

Pays insured person if confined in hospital as an in-patient due to an accident up to a maximum of 180 days.

Convalescence allowance

Reimburse insured person for necessary & reasonable cost for alteration to dwelling or motor vehicle due to accident.

Bereavement allowance

Pays bereavement allowance in event of accidental death of insured person.

Personal liability

Indemnify the insured person if legally liable to third party for accidental bodily injury and/or accidental damage to property.

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

Your choice of coverage [please tick]

Silver Gold Platinum

NOTE: This brochure is not a contract of insurance. The specific terms, exclusions and conditions applicable to this insurance are described in the policy which will only be issued upon acceptance of this Proposal Form.

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

DECLARATION

1. Do you have any physical defects, mental disorders or other physical infirmities or weakness of any kind?

Yes No

If yes, please specify and give details:

2. Have you ever suffered any major injury disease or illness?

Yes No

If yes, please specify and give details:

3. Has any Company or Insurer

a) declined to insure you? Yes No

b) required special terms to insure you? Yes No

c) cancelled or refused to renew your insurance? Yes No

d) increased your premium on renewal? Yes No

If yes, please specify and give details:

4. My other PA, Life or sickness insurance are as follows:-

5. Other material fact(s)

DECLARATION: I hereby declare that the above statements are complete and correct and that no facts have been suppressed or misstated. I agree that this proposal shall form the basis of the contract between me and the Company.

SIGNATURE OF PROPOSER AND DATE