


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 <small>Signature must correspond with specimen signature of the credit cardmember at the bank</small>
Approval code _____	

MONEY2011100101F

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
- Employees Package Protector
- Public Liability Protector
- Marine Cargo Protector
- Contractors' All Risk Protector
- Family Personal Accident Protector
- Senior Accident Protector

NATIONAL INSURANCE COMPANY BERHAD

HEAD OFFICE

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+673 245 4277 (Underwriting)
+673 223 8999 (Business Development)
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KUALA BELAIT

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AGENT

www.national.com.bn



MONEY PROTECTOR

Coverage

Money is defined in the policy as cash (both notes and coins), cheques, giro cheques, crossed bankers drafts, postal orders, money orders, current postage stamps, current revenue stamps, luncheon vouchers, trading stamps, credit card sales vouchers and contents of franking machines.

The insurance coverage provides you protection for:-

- Loss of money belonging to the Insured or for which the Insured is legally responsible whilst in transit in the custody of the Insured/his representatives or whilst in the insured's premises.
- Loss of or damage to safes or strong rooms as a result of money being stolen.

Exclusions in brief

- Fraud or dishonesty of employees of the Insured
- Shortages due to error or omission
- Depreciation, consequential loss
- Money contained in coin operated machines
- Money in custody of collectors, outdoor salesman or representatives
- Money in transit by post
- Mysterious disappearance or any unexplained loss
- War, strikes, riots, terrorism

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.

NATIONAL INSURANCE COMPANY BERHAD

PROPOSAL FORM

IMPORTANT STATEMENT PURSUANT TO SECTION 37(4) OF THE INSURANCE ORDER 2006 - You must 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 NUMBER / BUSINESS REGISTRATION NO. _____

BUSINESS _____

MAILING ADDRESS _____

CONTACT NUMBER	Home _____	Office _____
	Mobile _____	Fax _____

EMAIL _____

PERIOD OF INSURANCE From: _____ To _____

UNDERWRITING INFORMATION

1. Location of premises to be insured _____

2. In respect of cash in transit:

(a) Will all cash carrying be made during the hours of daylight? Yes No

(b) What is the maximum distance over which money is conveyed at any time? _____

(c) How frequent is the transit of money made: _____

(d) How many employees accompany each transit? _____

(e) What means of transport is employed in the transportation of money? _____

3. In respect of cash drawn for wages and salaries:

(a) If not paid on the same day as drawn from bank, is it kept in locked safe or strongroom overnight? Yes No

(b) What period will elapse after arrival at your premises until paid out? _____

(c) What is the amount in respect of wages and salaries not paid out on the same day as drawn from bank? _____

(d) What special precautions are taken to ensure safety against robbery when payment of wages and salaries are being made? _____

4. In respect of cash insured in safe or strongroom, please state:

(a) Maker's name : _____

(b) Approximate cost of safe or strongroom : _____

(c) Size and weight : _____

(d) Year of purchase : _____

(e) Whether marked Fire/Theft resisting? Yes No

(f) Number of keys to safe or strongroom : _____

(g) Who has the keys : _____

(h) Are the keys removed from the proposer's premises when uninhabited or overnight? Yes No

If more than one safe is used in respect of cash covered, please give details of each safe in a separate sheet. _____

INSURANCE HISTORY

1. Have you been previously insured? Yes No
If yes, by which company and for what amount? _____

2. Has any Company or Insurer

(i) declined to insure you? Yes No

(ii) required special terms to insure you? Yes No

(iii) cancelled or refused to renew your insurance? Yes No

(iv) increased your premium or renewal? Yes No

If yes to any of the above questions, please provide details below. _____

3. Have you ever sustained a loss of the kind now proposed for insurance? Yes No
If yes, please give details: _____

4. Is there any other similar insurance for the property in force? Yes No
If yes, please provide details below. _____

Description of risk	Limit of Indemnity	Estimated Annual Carrying
1. Money in the premises whilst open for business		
2. Money in the premises whilst closed for business in locked safe or strong room		
3. Money in transit from the Premises to bank and vice versa		
4. Money in transit during other journey:		
(a) From : _____ to _____		
(b) From : _____ to _____		
(c) From : _____ to _____		
5. The safe or strong room (cost of repair or replacement)		
6. Other (Please specify)		
TOTAL		

DECLARATION

I/We hereby declare that the above statements and particulars are complete and correct and that no facts have been suppressed or misstated. I/We agree that this proposal shall from the basis of the contract between me/us and the Company.

.....
Date

.....
Signature of Proposer

FOR OFFICE USE	
Rate:	
Premium:	
Account No.:	
Policy No.:	
Approved By:	
Approved On:	