




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 _____  |                               |

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

FDHP2013030301F

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@brunet.bn

### KUALA BELAIT

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

P O Box 1336, Kuala Belait KA1189  
 Negara Brunei Darussalam

Tel : +673 333 1222, 333 6468, 333 6469, 333 2038  
 Fax : +673 334 2191  
 Email : kb@national.com.bn

AGENT

[www.national.com.bn](http://www.national.com.bn)



care free **domestic help**



**FOREIGN DOMESTIC HELPERS PROTECTOR**

Have you ever wondered how much it would cost you in hospital bills if your maid or gardener is hospitalized due to illness or an unfortunate accident?

This package is designed specially to cover employers whose employees are engaged in household activities such as amah, gardener or driver. Provides 24 hour protection for death, accidents and illnesses and includes workmen’s compensation, hospital and surgical expenses and repatriation expenses.

| SECTION | BENEFIT  | SUM INSURED                                |
|---------|--|--|
| 1       | (a) Term Life Cover  | B\$ 10,000                                 |
|         | (b) Personal Accident Cover  |  |
| 2       | Repatriation Expenses (due to death or total permanent disability) | B\$ 7,500                                  |
| 3       | Medical / Hospital & Surgical Expenses                             | B\$ 5,000                                  |
| 4       | Workmen’s Compensation:  | Maximum                                    |
|         | Death.....   | B\$ 28,800                                 |
|         | Permanent Disability .....   | B\$ 36,000                                 |
|         | Other forms of injury or disablement .....                         | Amount to be assessed by Labour Department |

*Note : Benefits under Sections 1 and/or 3 are payable only if no claim is made under Section 4*

| PREMIUM PER PERSON   | TERRITORIAL LIMIT              |
|----------------------|--------------------------------|
| B\$ 125.00 per annum | Brunei only                    |
| B\$ 150.00 per annum | Worldwide for Section 1, 2 & 3 |

**HOW TO APPLY**

Just complete and detach the proposal form and submit to National Insurance with photocopies of the following documents:

- Licence to recruit Domestic Helpers
- Employee’s passport showing personal details and valid employment pass

**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 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 APPLICANT \_\_\_\_\_

I/C NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

GENDER  Male  Female RACE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ NATIONALITY \_\_\_\_\_

ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CONTACT NUMBER Home \_\_\_\_\_ Office \_\_\_\_\_  
 Mobile \_\_\_\_\_ Fax \_\_\_\_\_

EMAIL \_\_\_\_\_

PERIOD OF INSURANCE Effective from: \_\_\_\_\_ to \_\_\_\_\_

| NAME OF INJURED | OCCUPATION | DATE OF BIRTH | MONTHLY SALARY |
|-----------------|------------|---------------|----------------|
|                 |            |               |                |
|                 |            |               |                |
|                 |            |               |                |

Your choice of coverage (please tick).  
 Brunei only  Worldwide for section 1, 2 & 3

**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 and date \_\_\_\_\_

**FOR OFFICE USE**

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