




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

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
 Fax : +673 334 2191
 Email : kb@national.com.bn

AGENT



care free golfing

www.national.com.bn





GOLFERS PACKAGE

During a round of golf, we consider the various hazards around the golf course especially the water, headwind, crosswind, out of bounds and how we are to approach the green. What about the other hazards? The more serious ones like our personal liability or accident? Let Golfers Protector worry about these hazards. Our Golfers Protector gives you a wide range of protection so you will be able to enjoy the game - a total golfing experience.

COVERAGE	PLATINUM	GOLD
SECTION 1		
<i>Liability to the Public</i>	\$1,000,000	\$250,000
SECTION 2		
<i>Golf Club, Bags & Golfing equipment</i>	\$3,000	\$3,000
SECTION 3		
<i>Accidental Breakage of clubs</i>	\$300	Nil
SECTION 4		
<i>Personal effects</i>	\$1,000	\$1,000
SECTION 5		
<i>Personal Accident</i>	\$25,000	\$10,000
SECTION 6		
<i>Hole in One</i>	\$500	\$500
Territorial Limits	Worldwide	Worldwide excluding USA & Canada
Premium	\$100	\$60

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 the Proposal Form.

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 <small>(please provide copy)</small>		DATE OF BIRTH	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female			
MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorce <input type="checkbox"/> Widow			
OCCUPATION			NATIONALITY
ADDRESS			
MAILING ADDRESS			
CONTACT NUMBER		Home	Office
		Mobile	Others
CONTACT PERSON			
FAX		EMAIL	
PERIOD OF INSURANCE Effective from: _____ to _____			
COVER REQUIRED <input type="checkbox"/> Platinum <input type="checkbox"/> Gold			

I WARRANT THAT:

- i. I am between the ages of 18 and 75
- ii. I do not suffer from defective vision or any other physical defect or infirmity
- iii. No company or underwriter has ever
 - a) declined a proposal submitted by me
 - b) cancelled or refused to renew a policy in my name
 - c) asked me to pay an increased premium or imposed a special condition.

DECLARATION: I hereby declare that the above statement 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

FOR OFFICIAL USE	
POLICY NUMBER:	AGENT:
PREMIUM:	APPROVED ON:
APPROVED BY:	CARD NO: