

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 _____

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
- 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
- Insurance Guarantee (JITPA)

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 : +673 222 6222
 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



EPP20200801F

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

WHAT THIS PLAN COVERS

EMPLOYEES PACKAGE PROTECTOR

1. Workmen's Compensation

Pays compensation as per Laws of Brunei, Workmen's Compensation Chapter Act 74 (Revised Edition 1984).

2. 24 Hours Personal Accident

Pays up to B\$10,000 in the event of accidental death or Permanent Disability.

3. Medical Expenses

Pays up to B\$5,000 for medical expenses incurred as a result of an accident.

4. Repatriation Expenses

Pays up to B\$7,500 for the conveyance of the employee to the country of origin or home residence as a result of accident or illness which results in death or total permanent disablement or burial or cremation of the employee in the locality where death occurred.

5. Daily Hospital Income Benefit

Pays B\$20 for each day of hospitalization due to accidents or illnesses up to a maximum of 60 days.

6. Hospital & Surgical Expenses

Pays up to B\$5,000 / B\$7,500 / B\$10,000 for hospital & surgical expenses incurred as a result of hospitalization due to illness.

7. Death Benefit

Pays up to B\$5,000 / \$7,500 for any death including from natural causes.

Age Limit:

- Between 16 years to 60 years old.

Exclusions

War, civil war, AIDS, childbirth, miscarriage, provoked murder or assault, travelling as an aircraft crew, aerial activities, martial arts, racing, radiation and nuclear weapons material.

NOTE:

This brochure is not a contract of insurance. The policy with its specific terms, sum insured, exclusions and conditions applicable to this insurance will only be issued upon acceptance of the proposal.

Please refer to Policy wording for full details.

Section	Coverage	EPP1	EPP2	EPP3	EPP4	EPP5 (For Domestic Helper only)	EPP6 (Recommended for Local only)
1	Workmen's Compensation - Death B\$28,800.00 max - Permanent Disability B\$36,000.00 max - Other forms of injury Amount as per Labour Dept. assessment - Medical Expenses B\$10,000.00 each and every claim Territorial Limits	✓	✓	✓	✓	✓	✓
2	24 Hours Personal Accident Sum Insured Territorial Limits	✓ B\$10,000 Worldwide	✓ B\$10,000 Worldwide	✓ B\$10,000 Worldwide	✓ B\$10,000 Worldwide	✓ B\$10,000 Worldwide	✓ B\$10,000 Worldwide
3	Medical Expenses arising from accident Sum Insured Territorial Limits	✓ B\$5,000 Worldwide	✓ B\$5,000 Worldwide	✓ B\$5,000 Worldwide	✓ B\$5,000 Worldwide	✓ B\$5,000 Worldwide	NIL
4	Repatriation Expenses Sum Insured Territorial Limits	✓ B\$7,500 Brunei	✓ B\$7,500 Brunei	✓ B\$7,500 Worldwide	✓ B\$7,500 Worldwide	✓ B\$7,500 Brunei	✓ B\$1,000 Brunei
5	Daily Hospital Income Sum Insured Per day max. 60 days Territorial Limits	NIL	✓ B\$20 Brunei	✓ B\$20 Worldwide	✓ B\$20 Worldwide	✓ B\$20 Brunei	✓ B\$20 Brunei
6	Hospital & Surgical Expenses Sum Insured Territorial Limits	NIL	✓ B\$10,000 Brunei	✓ B\$10,000 Worldwide	✓ B\$10,000 Worldwide	✓ B\$10,000 Brunei	NIL
7	Death benefit including death from natural causes Sum Insured Territorial Limits	NIL	NIL	✓ B\$5,000 Worldwide	✓ B\$7,500 Worldwide	✓ B\$5,000 Brunei	✓ B\$5,000 Worldwide
	Annual Premium per Person	B\$80	B\$125	B\$175	B\$190	B\$125	B\$80

Limit under section 6 - Hospital & Surgical Expenses is B\$5,000.00 (Applicable to EPP2, EPP3 & EPP5) and B\$7,500.00 (For Plan EPP4 only). Limit under Section 7 - Death Benefit including Death from Natural Causes is \$5,000.00 (For Plan EPP3, EPP4, EPP5 & EPP6)

	EPP1	EPP2	EPP3	EPP4	EPP5	EPP6
Annual Premium per Person	B\$80	B\$100	B\$125	B\$150	B\$100	B\$80

Note: Benefits under Section 2 and / or 3 are payable only if no claim is made under Section 1. Benefits under Section 5 is payable only if the claim is not payable under Section 1. Benefits under Section 6 is payable only if the claim is not payable under Section 1 & 3. Benefits under Section 7 is payable only if the claim is not payable under Section 1 & 2.

Excluded Occupations

Professional Divers, Police, Army/Military, Law Enforcement Officers, Aircraft Testers, Pilot or Crew, Seamen, Sea Fishermen, Racing Drivers, Jockeys, Oil Rig Workers, Sawyers, Timber Logging Workers, Firemen, War Correspondents, Steeplejacks, Stevedores, Persons Engaged in Demolition of Buildings, Persons Engaged in Ambulance Services, Woodworking Machinists, Explosive Handlers, Underground Tunneling, Mining, Professional Sportsmen, employees working with oil and gas companies directly involved in drilling, producing, refining and distributing.

Definition - Class 3 Occupations

Any person employed in an occupation involving manual work such as but not limited to persons engaged as construction workers, electrical wireman, grass cutters, farmers, fishmonger, motor mechanic, painters, plumbers, butcher, factory machine operators, commercial vehicle and heavy machinery drivers.

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.

APPLICANT (EMPLOYER)

TITLE	NAME
I/C NUMBER	COMPANY REG. NO.
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH
OCCUPATION	NATIONALITY
ADDRESS	

MAILING ADDRESS	
CONTACT NUMBER	Home Office
	Mobile Fax
Email	
BUSINESS:	
PERIOD OF INSURANCE	Effective from: to

INSURED EMPLOYEE(S)

	Name	Passport No./ I/C No	Date of Birth	Occupation	Annual Wages	Plan
1.						
2.						
3.						
4.						
5.						
6.						

Limit under section 6 - Hospital & Surgical Expenses is B\$5,000.00 (Applicable to EPP2, EPP3 & EPP5) and B\$7,500.00 (For Plan EPP4 only).

DECLARATION

I/We declare to the best of my/our knowledge that the following statements are true and correct;

- That the employee(s) do not have any physical defects, mental disorders or other physical infirmities or weakness of any kind and have never suffered any major injury disease or illness.
- The employee(s) occupation is not in the list of excluded occupations stated in this brochure.
- Other existing Personal Accident, Life or Sickness insurance are as follows:

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.

DATE: _____

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

Signature of Proposer