

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 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)



WC201-4080202F

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

## WORKMEN'S COMPENSATION PROTECTOR

Workmen's Compensation insurance is the basic compulsory insurance required by law. The Policy:-

- Has been designed to cover employer's liability under statute
- Can be extended to cover liability under common law
- Covers against personal injury by accident or disease arising out of and in the course of employment

Summary of Benefits are as follows:-

- Death : B\$28,800 max
- Permanent Disability : B\$36,000 max
- Other forms of injury : Amount as per Labour Dept. Assessment
- Medical Expenses : B\$10,000 each and every claim
- Common law limit : B\$2,000,000 per accident and in the aggregate during the Period of Insurance. Subject to a sub-limit of B\$100,000 per employee any one accident for Class 3 occupations as defined hereunder or B\$250,000 per employee any one accident for all other occupations other than Class 3 occupations.

Definition - Class 3 Occupation

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, commercial vehicle and heavy machinery drivers.

**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.

## 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 PROPOSER \_\_\_\_\_

I/C NO. / COMPANY REG. NO. \_\_\_\_\_

BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

CONTACT NUMBER HOME OFFICE  
MOBILE OTHER

EMAIL \_\_\_\_\_

FAX \_\_\_\_\_

PERIOD OF INSURANCE FROM \_\_\_\_\_ TO \_\_\_\_\_

## DESCRIPTION OF BUSINESS

1 Insured's Business: \_\_\_\_\_

2 Particulars of Business to which this proposal relates:  
  
Number of years the business has been in operation: \_\_\_\_\_

3 Place(s) of employment:  anywhere within Negara Brunei Darussalam  
 others, please specify \_\_\_\_\_

4. Are you insuring:-  
(a) all employees in your services?  Yes  No  
If No, please provide details on a separate piece of A4 paper on the employees not insured.  
  
(b) all of your sub-contractors?  Yes  No  
If yes, please provide details of your sub-contractors and the nature of work sub-let on a separate piece of A4 paper.

5. Are your machinery, plant and ways properly fenced and guarded and otherwise in good order and condition?  Yes  No

6. Are your premises maintained in a good state of repair?  Yes  No

7. State what acids, gases, chemicals and/or explosives will be used in your business and to what extent. \_\_\_\_\_

8. Are any of the employees insured involved in the manufacture, handling or processing of asbestos or materials containing asbestos?  Yes  No

9. Will any of the employees insured be working offshore?  Yes  No  
If yes, please provide details such as frequency, duration of each shift and nature of work below \_\_\_\_\_

10. Are you at present insured or have you ever proposed for an insurance in respect of your liability to your employees?  Yes  No  
If yes, please state name of Insurers. \_\_\_\_\_

11. Has any insurer ever:  
a) declined your proposal?  Yes  No  
b) cancelled or refused to renew your policy?  Yes  No  
c) increased your premium on renewal?  Yes  No  
d) imposed special conditions to insure you?  Yes  No  
If yes to any of the above questions, please provide details below. \_\_\_\_\_

12. Have any of your workmen in the past 5 years sustained any bodily injury or disease arising out of and in the course of employment?  Yes  No  
If yes, please provide details of incident \_\_\_\_\_

Year	No. of workmen involved	Total Compensation paid	Compensation outstanding	Nature of Accident

**DECLARATION:** I/We hereby apply for insurance as herein described and I/we warrant that the statements and particulars above and on the front hereof are true and I/we agree that this proposal and declaration shall be of a promissory nature and effect and the basis of the contract between myself/ourselves and the Company, and I/we further agree to accept a policy subject to the usual provisions and conditions prescribed by the Company therein and pay the first premium thereunder when called upon to do so.

Signature of Proposer and date \_\_\_\_\_

### FOR OFFICIAL USE

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

## SCHEDULE OF EMPLOYEES TO BE INSURED

Description of Employees	Passport No./ I/c No.	Occupation	Wages / Salaries / Earnings	Allowances if any	Total Earnings

Please tick box to extend to cover repatriation expenses for employees in the event of death or permanent disablement of employee  
 Include RC — Repatriation Expenses (B\$7,500.00)