

NATIONAL INSURANCE COMPANY BERHAD

DIRECT DEBIT AUTHORIZATION

Credit Card Payment

MasterCard
 VISA
 AMERICAN EXPRESS
 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.

CAP2010020101F

OTHER INSURANCE COVER AVAILABLE FROM NATIONAL INSURANCE COMPANY BERHAD

NATIONAL INSURANCE COMPANY BERHAD

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AGENT

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NATIONAL INSURANCE COMPANY BERHAD

QUESTIONNAIRE AND 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.

1. Title of contract *(if project consists of several sections, specify section(s) to be insured)*

2. Site:

Country/District

City/Town

3. Name and address of Principal

4. Name(s) and address(es) of contractor(s)¹

5. Name(s) and address(es) of subcontractor(s)¹

6. Name and address of consulting engineer

7. Scope of work¹.
Dimensions (length, height, depth, spans, number of floors)

(a) Type of foundation and level of deepest excavation _____

(b) Construction method _____

(c) Construction materials _____

¹ If necessary on a separate sheet.

8. Is the contractor experienced in this type of work or construction method?
 Yes No
(Please give details)

9. Period of Insurance
(a) Commencement of work: _____
(b) Duration of construction: _____ Months
(c) Date of completion: _____
(d) Maintenance period: _____ Months

10. What work will be done by subcontractors?

11. Special risks

(a) Fire, explosion? Yes No

(b) Flood, inundation? Yes No

(c) Landslide, storm, cyclone? Yes No

(d) Blasting work? Yes No

(e) Other risks: _____

(f) Volcanism, tsunami? Yes No

(g) Have earthquakes been observed in this area? Yes No
If so, please state intensity (Mercalli) _____ magnitude (richter)

(h) Is the design of the structure to be insured based on regulations for earthquake-resistant structures? Yes No

(i) Is the design standard higher than that stipulated in the relevant regulations? Yes No

12. Details of subsoil rock gravel sand clay filled ground
Other subsoil conditions: _____
Do geological faults exist in the vicinity? Yes No

13. Ground water (Level below grade) (m _____ ft _____)

14. Nearest river, lake, sea, etc
(a) Name _____

(b) Distance: _____
(c) Levels: _____ Low water _____ Mean water
(d) Highest ever recorded: _____ Date _____

15. Meteorological conditions
(a) Rainy season from _____ to _____
(b) Max rainfall ^(mm)/_(in) _____ per hour _____ per day _____ per month
(c) Storm hazard minor medium high

16. Are extra charges for overtime, night work, work on public holidays to be included?
 Yes No Limit of Indemnity _____

17. (a) Is third party liability to be included? Yes No
(b) Has the contractor concluded a separate policy for TPL? Yes No
(c) Limit of indemnity _____ anyone accident _____ in the aggregate

18. Details of existing buildings or surrounding property possibly affected by the contract work (excavating, underpinning, piling, vibrating, ground water lowering, etc)

19. Are existing buildings and/or structures on or adjacent to the site, owned by or held in care, custody or control of the contractor(s) or the principal, to be insured against loss or damage arising as a direct or indirect consequence of the contract work?
 Yes No Limit of Indemnity _____

Brief description of these buildings/structures.

- Basic documents require to be submitted:
1. Letter of Award (LOA)
 2. Bill of Quantity
 3. Master plan, location site plan or layout plan
 4. Schedule of work or programme work

20. State hereunder the amounts you wish to insure and the limits of indemnity required at Section I and Section II

Section I Material Damage		Currency _____
Items to be insured	Sums to be insured	
1. Contract work (permanent and temporary work, including all materials to be incorporated herein)		
1.1 Contract price		
1.2 Materials or items supplied by the principal(s)		
2. Clearance of debris		
3. Construction plant and equipment		
4. Construction machinery according to attached list		
5. Property located on the Principal's premises or on the site, belonging to the Principals or held in Care, Custody or Control		
Total sum to be insured under Section I:		

Section II Third party liability		Limit of indemnity ³
Items to be insured	Limit of indemnity ³	
1. Bodily injury		
1.1 Any one person		
1.2 Total		
2. Property damage		
Total limit under Section II:		

³ Limit of indemnity in respect of any one accident or series of accidents arising out of any one event.

We hereby declare that the statements made by us in this Questionnaire and Proposal are, to the best of our knowledge and belief, complete and true, and we hereby agree that this Questionnaire and Proposal forms the basis and is part of any policy issued in connection with the above risk.

It is agreed that the Insurers are liable in accordance with the terms of the Policy only and that the insured will not lodge any other claims of whatever nature. The Insurers undertake to deal with this information in strict confidence.

Signature of Proposer and date

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