

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 amount stated in each plan in the event of accidental death or Permanent Disability.
- 3. Medical Expenses**
Pays up to amount stated in each plan for medical expenses incurred as a result of an accident.
- 4. Repatriation Expenses**
Pays up to amount stated in each plan 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 amount stated in each plan for hospital & surgical expenses.
- 7. Death Benefit**
Pays up to amount stated in each plan 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, traveling as an aircraft crew, aerial activities, martial arts, racing, radiation, nuclear weapons material and pre-existing condition.

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	EMPLOYEES PACKAGE PROTECTOR PLAN			
		FWP1	FWP2	FDP	LWP
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 <i>Territorial Limits</i>	✓ Brunei	✓ Brunei	✓ Brunei	✓ Brunei
2	24 Hours Personal Accident Sum Insured <i>Territorial Limits</i>	✓ B\$10,000 Worldwide	✓ B\$10,000 Worldwide	✓ B\$10,000 Worldwide	✓ B\$10,000 Worldwide
3	Medical Expenses arising from accident Sum Insured <i>Territorial Limits</i>	✓ B\$5,000 Worldwide	✓ B\$5,000 Worldwide	✓ B\$5,000 Worldwide	NIL
4	Repatriation Expenses Sum Insured <i>Territorial Limits</i>	✓ B\$7,500 Brunei	✓ B\$7,500 Brunei	✓ B\$7,500 Brunei	✓ B\$1,000 Brunei
5	Daily Hospital Income Sum Insured Per day max. 60 days <i>Territorial Limits</i>	✓ B\$20 Brunei	✓ B\$20 Brunei	✓ B\$20 Brunei	✓ B\$20 Brunei
6	Hospital & Surgical Expenses Overall Annual Limit of Coverage Per Disability Limit of Coverage <i>Territorial Limits</i>	✓ B\$100,000 B\$30,000 Brunei	✓ B\$100,000 B\$10,000 Brunei	✓ B\$100,000 B\$30,000 Brunei	NIL
7	Death benefit including death from natural causes Sum Insured <i>Territorial Limits</i>	✓ B\$5,000 Brunei	✓ B\$5,000 Brunei	✓ B\$5,000 Brunei	✓ B\$5,000 Worldwide
Annual Premium per person		B\$215	B\$175	B\$185	B\$80

Please add B\$0.25 for stamp duty.
FWP - For Foreign Workers
FDP - For Foreign Domestic Helpers
LWP - For Yellow / Red IC card holder only

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.

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	COMPANY NAME
ID TYPE (please tick) <input type="checkbox"/> Smart Card Identity Number <input type="checkbox"/> Uniformed Services Number	<input type="checkbox"/> Passport Number <input type="checkbox"/> Birth Certificate Number	ID NUMBER (please provide a copy)
GENDER (please tick) <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	COMPANY REGISTRATION NUMBER (please provide a copy) BUSINESS TYPE (please tick) <input type="checkbox"/> Non-Construction <input type="checkbox"/> Construction If non-construction, please specify:
OCCUPATION	NATIONALITY	RESIDENTIAL STATUS (please tick) <input type="checkbox"/> Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Expatriates
ADDRESS		
MAILING ADDRESS		
CONTACT NUMBER (Mobile)	(Home)	(Office)
CONTACT PERSON		EMAIL

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. _____	_____	_____	_____	_____	_____

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 National Insurance Company Berhad. I/We further agree to accept a policy subject to the usual provisions and conditions prescribed by National Insurance Company Berhad therein.

DATE: _____

FOR OFFICIAL USE		
AGENT:	APPROVED BY:	APPROVED ON:

Signature of Proposer

NATIONAL INSURANCE COMPANY BERHAD

DIRECT DEBIT AUTHORIZATION

Credit Card Payment



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

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 _____

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

- Motor Vehicle Protector
- Travel Protector
- Golfers Protector
- National Accident Protector
- Personal Accident 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)

EPP20251001F

NATIONAL INSURANCE COMPANY BERHAD

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AGENT

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