

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.

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.

NATIONAL INSURANCE COMPANY BERHAD

HEAD OFFICE

Units 12 & 13, Block A, Regent Square
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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
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AGENT

www.national.com.bn



care free **domestic help**



In association with Allianz

(Reg No: AGO/RC/102)



FOREIGN DOMESTIC HELPERS PROTECTOR

Have you ever wondered how much it would cost you in hospital bills if your maid or gardener is hospitalized due to illness or an unfortunate accident?

This package is designed specially to cover employers whose employees are engaged in household activities such as amah, gardener or driver. Provides 24 hour protection for death, accidents and illnesses and includes workmen’s compensation, hospital and surgical expenses and repatriation expenses.

SECTION	BENEFIT	SUM INSURED
1	(a) Term Life Cover (b) Personal Accident Cover	B\$ 5,000
2	Repatriation Expenses (due to death or total permanent disability)	B\$ 7,500
3	Medical / Hospital & Surgical Expenses	B\$ 10,000
4	Workmen’s Compensation:	As per Act
	Death.....	B\$ 28,800
	Permanent Disability	B\$ 36,000
	Other forms of injury or disablement	Amount to be assessed by Labour Department

Note : Benefits under Sections 1 and/or 3 are payable only if no claim is made under Section 4

PREMIUM PER PERSON	TERRITORIAL LIMIT
B\$ 125.00 per annum	Brunei only
B\$ 150.00 per annum	Worldwide for Section 1, 2 & 3

HOW TO APPLY

Just complete and detach the proposal form and submit to National Insurance with photocopies of the following documents:

- Licence to recruit Domestic Helpers
- Employee’s passport showing personal details and valid employment pass

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.

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.

NAME OF APPLICANT _____

I/C NUMBER (please provide copy) _____ DATE OF BIRTH _____

OCCUPATION _____ NATIONALITY _____

ADDRESS _____

MAILING ADDRESS _____

CONTACT NUMBER Home _____ Office _____
Mobile _____ Fax _____

EMAIL _____

PERIOD OF INSURANCE Effective from: _____ to _____

NAME OF INJURED	OCCUPATION	DATE OF BIRTH	MONTHLY SALARY

Your choice of coverage (please tick).
 Brunei only Worldwide for section 1, 2 & 3

DECLARATION: 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.

Signature of Proposer and date _____

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