

NATIONAL INSURANCE COMPANY BERHAD

HEAD OFFICE

Units 12 & 13, Block A, Regent Square
Simpang 150, Kampong Kiarong
Bandar Seri Begawan BE1318
Negara Brunei Darussalam

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Negara Brunei Darussalam

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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
Negara Brunei Darussalam

P O Box 958, Kuala Belait, KA1531
Brunei Darussalam

Tel : +673 333 1222, 333 6468, 333 6469
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AGENT

www.national.com.bn



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
- Employees Package 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
- Insurance Guarantee (JITPA)
- Business Package Protector

TRAVEL PROTECTOR

Don’t leave home without our Travel Protector.

This Insurance provides you and/or your family cover against personal accident, medical and related expenses and other travel related losses, interruption or accidents.

With this, it will give you peace of mind during your journey so you will be able to enjoy your holiday without any worries.

IMPORTANT NOTES

1. Cover can only be applied for by Brunei Citizens, Brunei Permanent Residents and work permit holders legally employed in Brunei.
2. Each trip must begin and end in Brunei.
3. Any extension of cover is not allowed after you have departed for your destination.
4. Children below age 15 must be accompanied by parents/guardians and proposal must be signed by parents.
5. Children aged 15 up to 18 can travel alone but proposal must be signed by parents or legal guardians.
6. Children aged 18 years and above can purchase coverage on their own.
7. Hazardous adventure or winter sports is subject to underwriting approval. If approved it is subject to a minimum of 100% loading in premium.
8. All travel within Borneo by land and not flying somewhere thereafter will be subject to silver plan and single trip policy only. This restriction does not apply to annual policy.
9. Proposal submitted will be subject to our underwriting guidelines. It is advisable to submit the proposal at least 24 hours before departure during office hour (before end of business day) to allow the submission being reviewed. We have the right to decline any submissions that is deemed to be unacceptable. Proposal submitted on the same day of travelling or departed will not be accepted.
10. This product does not cover person/s who perform pilgrimage to Mecca for Haj

HOW TO APPLY

Just complete and detach the proposal form and submit to National Insurance with photocopies of the flight itinerary.

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.

TITLE	NAME
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I/C NUMBER <small>(please provide copy)</small>	DATE OF BIRTH
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GENDER	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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NATIONALITY	OCCUPATION
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ADDRESS

MAILING ADDRESS

CONTACT NUMBER	Home	Others
	Mobile	Office

CONTACT PERSON	Contact No
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YOUR CHOICE OF COVERAGE [please tick]

<input type="checkbox"/> Single Journey Plan	Destination : <input type="checkbox"/> Asia <input type="checkbox"/> Worldwide
<input type="checkbox"/> Annual Cover Plan	

YOUR TYPE OF PLAN [please tick] Silver Gold Platinum (with Covid19 coverage)

LIFE INSURED (FULL NAME AS PRINTED IN PASSPORT)	GENDER	DATE OF BIRTH	NRIC/PASSPORT NO	RELATIONSHIP TO PROPOSER
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			
	<input type="checkbox"/> Male <input type="checkbox"/> Female			

DECLARATION I/We hereby declare that I am/we are in good health and am/are aware of and agree to abide by the Policy's terms & conditions. I/We also understand that the issuance of the policy is based on all statements and answers set out in this Proposal Form which are complete and true.

WARRANTY I/We warrant that the Person(s) insured are not travelling against the advice of a Physician or for the purpose of seeking medical attention or treatment and they are in good health. I/We understand that no refund premium will be granted once the travel card is issued.

Signature of proposer and date

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

DECLARATION

1. Do you have any physical defects, mental disorders or other physical infirmities or weakness of any kind or ever suffered any major injury disease or illness?
 Yes No If yes, please specify and give details: _____
2. Will you be involved in any adventure or hazardous sports like winter sports? If yes, please specify below
3. Has any Company or Insurer
a) declined to insure you? Yes No
b) required special terms to insure you? Yes No
c) cancelled or refused to renew your insurance? Yes No
d) increased your premium on renewal? Yes No
If yes, please specify and give details: _____
4. My other PA, Life or sickness insurance are as follows:-
5. Other material fact(s)
6. Purpose of travel. Leisure Training Both Leisure & Training
 Others. Please specify nature of training and purpose under others

PERIOD OF INSURANCE From _____ to _____

Country of Destination: _____



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
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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.



*care free traveling
(extended covid19 infection)*

COVER & BENEFIT LIMITS

SECTION	SILVER (INBOUND & OUTBOUND)	GOLD (OUTBOUND)	PLATINUM (OUTBOUND)
1 PERSONAL ACCIDENT Cover for life Insured a) 70 years old and below b) Above 70 years old to 80 years old Cover for Child	B\$100,000 B\$50,000 B\$25,000	B\$200,000 B\$75,000 B\$25,000	B\$300,000 B\$100,000 B\$25,000
2 MEDICAL , DENTAL AND OTHER EXPENSES a) 70 years old and below b) Above 70 years old to 80 years old c) Due to Covid19 infection	B\$100,000 B\$50,000 B\$50,000	B\$200,000 B\$75,000 B\$100,000	B\$300,000 B\$100,000 B\$150,000
3 COMPASSIONATE VISIT BY A RELATIVE OR FRIEND	NIL	B\$2,500	B\$5,000
4 CHILD HELP	NIL	B\$2,500	B\$5,000
5 EMERGENCY SERVICES In the event of a serious accident or illness requiring hospitalization overseas you may ask the hospital administrator to contact us by phone or fax if you need assistance. Alternatively, when hospital bills are expected to exceed B\$4,000 you may call International SOS Pte Ltd Tel: +65 63399923 for assistance with payment of your hospital bills. You will be required to give details of your insurance as well as the nature of the problem, location and medical contacts. After validation with us, SOS will arrange to pay bills within the conditions and limits of your insurance coverage.			
6 HOSPITAL ALLOWANCE	NIL	up to B\$2,500 [B\$50 per day]	up to B\$5,000 [B\$100 per day]
7 REPATRIATION EXPENSES	B\$7,500	B\$7,500	B\$7,500
8 BAGGAGE AND PERSONAL EFFECTS (Maximum B\$800 in respect of any one article or pair or set of articles)	B\$1,000	B\$2,500	B\$5,000
9 DELAYED BAGGAGE	B\$500 [B\$200 each full 8 hrs delay]	B\$750 [B\$200 each full 8 hrs delay]	B\$1,000 [B\$200 each full 8 hrs delay]
10 PERSONAL MONEY AND TRAVEL DOCUMENTS	NIL	B\$2,500 [sub-limit B\$250 personal money]	B\$5,000 [sub-limit B\$500 personal money]
11 PERSONAL LIABILITY	B\$500,000	B\$750,000	B\$1,000,000
12 TRAVEL DELAY	(1) B\$500 [B\$50 for each full 8hrs] B\$150 for partial trip cancellation OR (2) B\$5,000 for curtailment	(1) B\$1,000 [B\$75.00 for each full 8hrs] B\$250 for partial trip cancellation OR (2) B\$7,500 for curtailment	(1) B\$2,000 [B\$100 for each full 8-hrs delay] B\$500 for partial trip cancellation OR (2) B\$10,000 for curtailment
13 MISSED FLIGHT CONNECTION	B\$200	B\$200	B\$200
14 LOSS OF DEPOSIT OR CANCELLATION	B\$5,000	B\$7,500	B\$10,000
15 CURTAILMENT	B\$5,000	B\$7,500	B\$10,000
16 HIJACKING	B\$2,500 [B\$50 each full 8hrs]	B\$3,500 [B\$75 each full 8hrs]	B\$5,000 [B\$100 each full 8-hrs]
17 OVERBOOKED SCHEDULED PUBLIC CONVEYANCE	B\$100	B\$100	B\$100
18 HOMESURE	NIL	B\$2,500 per household	B\$5,000 per household
19 RENTAL VEHICLE EXCESS	NIL	B\$500	B\$1,000

PREMIUM TABLE

SINGLE JOURNEY [Travel Sector : ASIA]	B\$40.00 for the First 5 days B\$4.00 for each Subsequent Day	B\$48.00 for the First 5 days B\$4.80 for each Subsequent Day	B\$56.00 for the First 5 days B\$6.40 for each Subsequent Day
SINGLE JOURNEY [Travel Sector : WORLDWIDE]	B\$72.00 for the First 5 days B\$6.40 for each Subsequent Day	B\$88.00 for the First 5 days B\$8.00 for each Subsequent Day	B\$104.00 for the First 5 days B\$9.60 for each Subsequent Day
ANNUAL PLAN [Travel Sector : WORLDWIDE]	B\$500.00	B\$680.00	B\$850.00

MAXIMUM LENGTH OF COVERAGE: **not more than 185 days per trip** ANNUAL COVER PLAN: **not more than 90 days per trip for an unlimited number of trips during the policy period**
Please refer to policy document for the complete details of policy exclusions, terms and conditions.

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