





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.

**COVER & BENEFIT LIMITS**

SECTION	SILVER (INBOUND & OUTBOUND)	GOLD (OUTBOUND)	PLATINUM (OUTBOUND)
<b>1 PERSONAL ACCIDENT</b> 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
<b>2 MEDICAL , DENTAL AND OTHER EXPENSES</b> 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
<b>3 COMPASSIONATE VISIT BY A RELATIVE OR FRIEND</b>	NIL	B\$2,500	B\$5,000
<b>4 CHILD HELP</b>	NIL	B\$2,500	B\$5,000
<b>5 EMERGENCY SERVICES</b> 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.			
<b>6 HOSPITAL ALLOWANCE</b>	NIL	up to B\$2,500 [B\$50 per day]	up to B\$5,000 [B\$100 per day]
<b>7 REPATRIATION EXPENSES</b>	B\$7,500	B\$7,500	B\$7,500
<b>8 BAGGAGE AND PERSONAL EFFECTS</b> (Maximum B\$800 in respect of any one article or pair or set of articles)	B\$1,000	B\$2,500	B\$5,000
<b>9 DELAYED BAGGAGE</b>	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]
<b>10 PERSONAL MONEY AND TRAVEL DOCUMENTS</b>	NIL	B\$2,500 [sub-limit B\$250 personal money]	B\$5,000 [sub-limit B\$500 personal money]
<b>11 PERSONAL LIABILITY</b>	B\$500,000	B\$750,000	B\$1,000,000
<b>12 TRAVEL DELAY</b>	(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
<b>13 MISSED FLIGHT CONNECTION</b>	B\$200	B\$200	B\$200
<b>14 LOSS OF DEPOSIT OR CANCELLATION</b>	B\$5,000	B\$7,500	B\$10,000
<b>15 CURTAILMENT</b>	B\$5,000	B\$7,500	B\$10,000
<b>16 HIJACKING</b>	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]
<b>17 OVERBOOKED SCHEDULED PUBLIC CONVEYANCE</b>	B\$100	B\$100	B\$100
<b>18 HOMESURE</b>	NIL	B\$2,500 per household	B\$5,000 per household
<b>19 RENTAL VEHICLE EXCESS</b>	NIL	B\$500	B\$1,000

**PREMIUM TABLE**

<b>SINGLE JOURNEY</b> [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
<b>SINGLE JOURNEY</b> [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
<b>ANNUAL PLAN</b> [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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**care free traveling**  
(extended covid19 infection)

