

NATIONAL INSURANCE COMPANY BERHAD

HEAD OFFICE

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KUALA BELAIT

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AGENT

www.national.com.bn



COVER & BENEFIT LIMITS

SECTION	FAMILY PLAN
1 PERSONAL ACCIDENT	
a] 70 years old and below	B\$150,000
b] Above 70 to 80 years old	B\$75,000
c] Child	B\$25,000
	Aggregate up to B\$350,000 per family
2 MEDICAL , DENTAL AND OTHER EXPENSES	
a] 70 years old and below	up to B\$150,000 each Insured person
b] Above 70 to 80 years old	up to B\$75,000
	Aggregate up to B\$350,000 per family
3 COMPASSIONATE VISIT BY A RELATIVE OR FRIEND	B\$5,000 per family
4 CHILD HELP	B\$5,000 per family
5 EMERGENCY SERVICES	
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 - refer policy for more details	
6 HOSPITAL ALLOWANCE	up to B\$5,000 per family (B\$100 per day per Insured person)
7 REPATRIATION EXPENSES	B\$10,000 per family
8 BAGGAGE AND PERSONAL EFFECTS	up to B\$5,000 per family (Maximum B\$800 in respect of any one article or pair or set of articles)
9 DELAYED BAGGAGE	B\$1,000 per family (B\$200 each full 6 hrs delay)
10 PERSONAL MONEY AND TRAVEL DOCUMENTS	B\$5,000 (sub-limit B\$500 personal money)
11 PERSONAL LIABILITY	B\$1,000,000 per family
12 TRAVEL DELAY	(1) B\$2,000 (B\$200 for the first full 6 hrs delay) B\$100 for each subsequent full 6 hrs delay and B\$500 for partial trip cancellation OR (2) B\$10,000 for curtailment per family
13 MISSED FLIGHT CONNECTION	B\$200 per family
14 LOSS OF DEPOSIT OR CANCELLATION	B\$10,000 per family
15 CURTAILMENT	B\$10,000 per family
16 HIJACKING	B\$5,000 (B\$100 each full 6 hrs per family)
17 OVERBOOKED SCHEDULED PUBLIC CONVEYANCE	B\$100 per family
18 HOMESURE	B\$5,000 per household
19 RENTAL VEHICLE EXCESS	B\$1,000 per family

PREMIUM TABLE

SINGLE JOURNEY [Travel Sector : ASIA]	B\$80.000 for the First 5 days B\$10.00 for each Subsequent Day
SINGLE JOURNEY [Travel Sector : WORLDWIDE] NO ANNUAL PLAN FOR FAMILY	B\$150.000 for the First 5 days B\$12.00 for each Subsequent Day

MAXIMUM LENGTH OF COVERAGE: Single Journey Plan: not more than 185 days per trip.
Please refer to policy document for the complete details of policy exclusions, terms & conditions.

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

- Cover can only be applied for by Brunei Citizens, Brunei Permanent Residents and work permit holders legally employed in Brunei.
- Each trip must begin and end in Brunei.
- Any extension of cover is not allowed after you have departed for your destination.
- Children below age 15 must be accompanied by parents/guardians and proposal must be signed by parents.
- Children aged 15 up to 18 can travel alone but proposal must be signed by parents or legal guardians.
- Children aged 18 years and above can purchase coverage on their own.
- Hazardous adventure or winter sports is subject to underwriting approval. If approved it is subject to a minimum of 100% loading in premium.
- 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.
- 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.
- 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.

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	ADDRESS	POSTAL CODE
NRIC / PASSPORT NUMBER <i>(please provide copy)</i>		DATE OF BIRTH	
ID TYPE	RESIDENTIAL STATUS	CONTACT NUMBER	
<input type="checkbox"/> Smart Identity Card Number	<input type="checkbox"/> Citizen	EMAIL ADDRESS	
<input type="checkbox"/> Uniformed Services Number	<input type="checkbox"/> Permanent Residence	CONTACT PERSON	
<input type="checkbox"/> Passport Number	<input type="checkbox"/> Expatriate	CONTACT NUMBER	
<input type="checkbox"/> Birth Certificate Number			
NATIONALITY	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		

YOUR CHOICE COVERAGE *(please tick)*

Single Journey Plan Country of Destination: _____

Annual Plan *(excluding Family Plan)* Destination Asia Worldwide

YOUR TYPE OF PLAN *(please tick)*

Silver Option 1 - No Covid19 Cover Family
 Gold Option 2 - With Covid19 Cover *(excluding Covid19 cover)*
 Platinum

PERIOD OF INSURANCE From _____ to _____

LIFE INSURED (FULL NAME AS PRINTED IN PASSPORT)	GENDER	DATE OF BIRTH (dd/mm/yyyy)	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			
	<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 terms & conditions.
I/We also understand that the issuance of the Policy is based on all statements and answers in this Proposal Form which are complete and true.
I/We further declare that I/we have read and understand the important notes printed in this proposal form.
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 on good health.
I/We understand that no refund premium will be granted once the travel insurance is issued.

Signature of proposer and date _____

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



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
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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.

TRAVEL20231001F

		COVER & BENEFIT LIMITS		
SECTION		SILVER	GOLD	PLATINUM
1 PERSONAL ACCIDENT (COVER FOR LIFE INSURED)				
	a) 70 years old and below	B\$100,000	B\$200,000	B\$300,000
	b) Above 70 years old to 80 years old	B\$50,000	B\$75,000	B\$100,000
	c) Child	B\$25,000	B\$25,000	B\$25,000
2 MEDICAL , DENTAL AND OTHER EXPENSES				
	a) 70 years old and below	B\$100,000	B\$200,000	B\$300,000
	b) Above 70 years old to 80 years old	B\$50,000	B\$75,000	B\$100,000
	c) Due to Covid19 infection	NIL	NIL	NIL
		<i>Option 1</i>	B\$100,000	B\$100,000
		<i>Option 2</i>		
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\$10,000	B\$10,000	B\$10,000
8 BAGGAGE AND PERSONAL EFFECTS		B\$1,000	B\$2,500	B\$5,000
	(Maximum B\$800 in respect of any one article or pair or set of articles)			
9 DELAYED BAGGAGE		B\$500 [B\$200 each full 6 hrs delay]	B\$750 [B\$200 each full 6 hrs delay]	B\$1,000 [B\$200 each full 6 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 6 hrs] B\$150 for partial trip cancellation OR (2) B\$5,000 for curtailment	(1) B\$1,000 [B\$75.00 for each full 6hrs] B\$250 for partial trip cancellation OR (2) B\$7,500 for curtailment	(1) B\$2,000 [B\$100 for each full 6-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 6 hrs]	B\$3,500 [B\$75 each full 6 hrs]	B\$5,000 [B\$100 each full 6-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				
Option 1 (No Covid19 Cover)	SINGLE JOURNEY [Travel Sector : ASIA]	B\$25.00 for the First 5 days B\$2.50 for each Subsequent Day	B\$30.00 for the First 5 days B\$3.00 for each Subsequent Day	B\$35.00 for the First 5 days B\$4.00 for each Subsequent Day
	SINGLE JOURNEY [Travel Sector : WORLDWIDE]	B\$45.00 for the First 5 days B\$4.00 for each Subsequent Day	B\$55.00 for the First 5 days B\$5.00 for each Subsequent Day	B\$65.00 for the First 5 days B\$6.00 for each Subsequent Day
	ANNUAL PLAN [Travel Sector : WORLDWIDE]	B\$275.00	B\$375.00	B\$475.00
Option 2 (With Covid19 Cover)	SINGLE JOURNEY [Travel Sector : ASIA]	B\$30.00 for the First 5 days B\$3.50 for each Subsequent Day	B\$35.00 for the First 5 days B\$4.00 for each Subsequent Day	B\$40.00 for the First 5 days B\$5.00 for each Subsequent Day
	SINGLE JOURNEY [Travel Sector : WORLDWIDE]	B\$55.00 for the First 5 days B\$6.00 for each Subsequent Day	B\$65.00 for the First 5 days B\$7.00 for each Subsequent Day	B\$75.00 for the First 5 days B\$8.00 for each Subsequent Day
	ANNUAL PLAN [Travel Sector : WORLDWIDE]	B\$375.00	B\$475.00	B\$575.00

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.

care free traveling

