

EmployGuard

Workmen's Compensation, Personal Accident
& more coverage in one convenient package



EMPLOYGUARD



As your business grows, the number of people you employ multiplies.

Protecting the financial exposure of employees meeting with accidents or suffering from illnesses becomes a real priority. It makes good business sense too.

EmployGuard is a comprehensive yet convenient insurance package designed to provide you with flexible and cost-effective protection.

Main Covers/Benefits

- Workmen's Compensation
- Personal Accident
- Personal Accident Medical Expenses

Optional Covers/Benefits

- Repatriation Expenses (Available for Plan 1, 3, 4, 5 & 6 only)
- Hospital and Surgical Expenses (Available for Plan 3, 4, 5 & 6 only)
- Daily Hospital Income (Available for Plan 2, 3, 4, 5 & 6 only)
- Death Benefit (Available for Plan 2, 3, 4, 5 & 6 only)

Excluded Occupations* • Professional divers • Police • Army/Military • Law enforcement officers • Aircraft testers • Pilots or Crew • Sea fishermen • Racing drivers • Jockeys • Oil rig workers • Timber logging workers • Firemen • Steeplejacks • Stevedores • Persons engaged in demolition of buildings • Persons engaged in ambulance services • Woodworking machinists • Explosive handlers • Underground tunnelling • Mining • Professional sportspersons • Sawyers • Employees working with oil and gas companies directly involved in drilling, producing, refining and distributing

Exclusions • Unlawful act • Wilful exposure to danger • War • Civil war • AIDS • Childbirth • Miscarriage • Provoked murder or assault • Travelling as an aircraft crew • Aerial activities • Martial arts • Pre-existing physical or mental defect or infirmity • Racing • Radiation and nuclear weapons material. • Others – please refer to policy document for full details of exclusions

*Acceptance of other occupations subject to underwriting consideration.



Frequently Asked Questions

- 1. What are the benefits provided by my EmployGuard policy?**
You can select from a choice of 6 plans that best suits your needs. Please refer to table of benefits for full details.
- 2. What are excluded occupations?**
Excluded occupations are occupations that your policy does not cover.
- 3. What is age limit?**
Your policy does not cover anyone below 16 years of age or above 60 years of age.
- 4. What are territorial limits?**
Your policy will only pay for claims occurring within the territorial limits stated in the policy.
- 5. What are exclusions?**
Exclusions are events of happening that your policy does not cover.
- 6. When must I report to you the occurrence of an accident or other events covered under the policy?**
In the event of any occurrence which may give rise to a claim, you are required to report to us as soon as possible but not later than fourteen (14) days from the date of occurrence.
- 7. For an accident or event covered under the policy, can I claim for more than one benefit?**
Benefits under Section 2 and/or 3 and/or 6 are payable only if no claim is made under Section 1. Benefits under Section 5 are payable only if no claim is made under Section 1 and Section 3. Benefits under Section 7 is payable only if no claim is made under Section 1 and Section 2.
- 8. Who is Standard Insurance?**
Standard Insurance is an approved insurer operating in Brunei Darussalam since 1995. With offices throughout the country, Standard Insurance is committed to delivering quality products and excellent services to its customers.

This product information page is not a contract of insurance. The specific terms, conditions and exclusions applicable to this insurance are set out in the policy. You may contact our office should you require a specimen copy of the policy wordings.

We encourage you to discuss your insurance requirement with your insurance agent or our office before effecting cover.

TABLE OF BENEFITS

SECTION	BENEFIT	SUM INSURED / TERRITORIAL LIMITS					
		PLN01	PLN02	PLN03	PLN04	PLN05	PLN06
1	Workmen's Compensation * Death * Permanent Total Disablement * Other Forms of Injury or Disablement * Common Law Cover * Medical Expenses Territorial Limit	Max B\$ 28,800 to be assessed by Labour Department Max B\$ 36,000 to be assessed by Labour Department Amount to be assessed by Labour Department (Refer to Company) Max B\$10,000 each and every claim Brunei					
2	Personal Accident * Death * Permanent Total Disablement Territorial Limit	B\$20,000 Worldwide	B\$20,000 Worldwide	B\$20,000 Worldwide	B\$20,000 Worldwide	B\$20,000 Worldwide	B\$20,000 Worldwide
3	Personal Accident Medical Expenses Territorial Limit	Max B\$5,000 Worldwide	Max B\$5,000 Worldwide	Max B\$5,000 Worldwide	Max B\$5,000 Worldwide	Max B\$10,000 Worldwide	Max B\$10,000 Worldwide
4	Repatriation Expenses Territorial Limit	Max B\$8,000 Brunei	Nil	Max B\$8,000 Brunei	Max B\$8,000 Worldwide	Max B\$8,000 Brunei	Max B\$8,000 Worldwide
5	Hospital & Surgical Expenses Territorial Limit	Nil	Nil	Max B\$5,000 Brunei	Max B\$5,000 Worldwide	Max B\$10,000 Brunei	Max B\$10,000 Worldwide
6	Daily Hospital Income (Max 60 Days) Territorial Limit	Nil	B\$25 Per Day Brunei	B\$25 Per Day Brunei	B\$25 Per Day Worldwide	B\$25 Per Day Brunei	B\$25 Per Day Worldwide
7	Death Benefit Including Death From Natural Cause Territorial Limit	Nil	B\$5,000 Brunei	B\$5,000 Brunei	B\$5,000 Worldwide	B\$5,000 Brunei	B\$5,000 Worldwide
	Annual Premium Per Employee	B\$80	B\$80	B\$125	B\$175	B\$155	B\$205

Important Notes: Benefits under Section 2 and/or 3 and /or 6 are payable only if no claim is made under Section 1
Benefits under Section 5 are payable only if no claim is made under Section 1 and Section 3
Benefits under Section 7 is payable only if no claim is made under Section 1 and Section 2

Age Limit: 16 years old to 60 years old

Excluded Occupations:

• Professional divers • Police • Army/Military • Law enforcement officers • Aircraft testers • Pilots or Crew • Sea fishermen • Racing drivers • Jockeys • Oil rig workers • Timber logging workers • Firemen • Steeplejacks • Stevedores
• Persons engaged in demolition of buildings • Persons engaged in ambulance services • Woodworking machinists • Explosive handlers • Underground tunnelling • Mining • Professional sportspersons • Sawyers • Employees working with oil and gas companies directly involved in drilling, producing, refining and distributing

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INTERMEDIARY NO: _____ COVER NOTE NO: _____



EMPLOYGUARD PROPOSAL FORM

WARNING: Pursuant to Section 37(4) of Insurance Order 2006, or any subsequent amendments thereof, 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 void

DETAILS OF PROPOSER (EMPLOYER)

Name: _____

Passport/NRIC No (if applicable): _____

Nature of Business/Occupation: _____

Address: _____

Home Tel.: _____ Office Tel.: _____

Mobile Tel.: _____ Fax: _____ Email: _____

PERIOD OF INSURANCE

From: - -

To: - -

DETAILS OF EMPLOYEE(S) TO BE COVERED

Name	Passport/NRIC No	Date of Birth	Occupation	Annual Wages	Plan
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

If insufficient space above, please attach a separate list duly signed by the proposer.

Total Premium: _____

UNDERWRITING INFORMATION

1. Does any employee to be covered have any physical defect, mental disorder, physical infirmity or weakness of any kind? Yes [] No []

If yes, please give details: _____

2. Has any employee to be covered ever suffered from any injury, disease or illness? Yes [] No []

If yes, please give details: _____

3. Is any employee to be covered currently suffering from any injury, disease or illness? Yes [] No []

If yes, please give details: _____

4. Have you made any claim against any Takaful operator/Insurance company relating to accident to your employees, disease incidental to their occupations or illness during the past 3 years? Yes [] No []

If yes, please give details: _____

5. Is any employee to be covered currently insured in respect of Workmen's Compensation, Employer's Liability, Personal Accident or other similar takaful/insurance? Yes [] No []

If yes, please give details: _____

6. Has any Takaful operator/Insurance company in respect of Workmen's Compensation, Employer's Liability, Personal Accident or other similar takaful/insurance to which this proposal relates:

- | | | |
|--|---------|--------|
| a) Declined to cover/insure you? | Yes [] | No [] |
| b) Cancelled or refused to renew your takaful/insurance? | Yes [] | No [] |
| c) Demanded increased premium for renewal? | Yes [] | No [] |
| d) Required special terms to cover/insure you? | Yes [] | No [] |

If yes, please give details: _____

DECLARATION

I/We hereby declare that the following statements are true and correct to the best of my/our knowledge.

1. The employee(s) to be covered is/are not below 16 years of age or above 60 years of age.
2. Occupation(s) of employee(s) to be covered is/are not listed as Excluded Occupations as stated in the product information page.

I/We hereby declare that the information and answers given in this proposal are true and correct and that no facts have been withheld or suppressed which may affect the decision of the Company in considering the risk, and I/We hereby agree that this proposal and declaration shall be the basis of the contract between myself/ourselves and the Company and I/We agree to accept the Company's Policy subject to the terms and conditions to be contained therein.

Date: - - Signature of Proposer: _____

Liability is not attached until the proposal has been accepted by the company.

CREDIT CARD PAYMENT (Direct Debit Authorisation)



I/We hereby authorise **STANDARD INSURANCE SDN BHD** 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 **STANDARD INSURANCE SDN BHD** from time to time under my insurance policy set below.

Credit Cardholder's Name: _____

Credit Cardholder's Account No.: _____

Credit Card Expiry Date:

d	d	-	m	m	-	y	y
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Policy No.: _____

Name of Insured: _____

Annual Premium Amount: _____

Date:

d	d	-	m	m	-	y	y
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Signature of Credit Cardholder: _____
(Signature must correspond with specimen signatures of the credit cardholder at the bank.)

Approval Code: _____

DISCLAIMER: This Policy is considered null and void if this direct authorisation is dishonoured.



اينسورنس ستندارد سنديرين برحد

Standard Insurance Sdn Bhd

(Company Registration No.: RC00000537)

Head Office

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Branches

No. 2, Bgn. Hasbullah I, Jln. Gadong, BE3719, Negara Brunei Darussalam
Telephone Nos.: 245 0035 • 245 0077 • 245 0075 • 245 1785 **Fax No.:** 245 0076

Ground Floor, Land Transportation Department (HQ), Jln. Gadong, BE1110, Negara Brunei Darussalam
Telephone Nos.: 245 2545 **Fax No.:** 245 2546

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