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FOREIGN WORKER HOSPITAL & SURGICAL INSURANCE 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) / PROPOSED INSURED

Full Name _____
NRIC / Passport No. _____
Nature of Business / Occupation _____
Address _____

Phone Number _____ Email _____

PERIOD OF INSURANCE

From _____ To _____

DETAILS OF EMPLOYEE / PROPOSED INSURED TO BE COVERED

Full Name _____
Nationality _____ NRIC / Passport No. _____
Date of Birth _____ Gender ☐ Male ☐ Female
Occupation _____ Monthly Wages _____
Contract Period _____ Premium _____

UNDERWRITING INFORMATION

- Does the proposed insured to be covered have any physical defect, mental disorder, physical infirmity or weakness of any kind? ☐ Yes ☐ No
If yes, please give details _____
- Has the proposed insured to be covered suffered from any serious injury, disease or illness requiring hospitalisation in the past 5 years? ☐ Yes ☐ No
If yes, please give details _____
- Is the proposed insured to be covered currently suffering from any serious injury, disease or illness? ☐ Yes ☐ No
If yes, please give details _____
- Has the employer made any claim against any Takaful operator/Insurance company relating to accident to the proposed insured, disease incidental to their occupations or illness during the past 3 years? ☐ Yes ☐ No
If yes, please give details _____
- Is the proposed insured 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 _____
- 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:
 - Declined to cover/insure the proposed insured? ☐ Yes ☐ No
 - Cancelled or refused to renew your insurance? ☐ Yes ☐ No
 - Demanded increased premium for renewal? ☐ Yes ☐ No
 - Required special terms to cover/insure the proposed insured? ☐ Yes ☐ NoIf yes, please give details _____

EXCLUDED OCCUPATION

- Aviation & Airport Risks including Air Crew
- Divers & those involved in underwater activities
- Employees of Hospitals or Clinics, including doctors and nurses
- Firemen / fire-fighters
- Manufacturing of explosives and firearms
- Military / Arm Personnel, Police, Armed Forces, Navy & Law Enforcement Officers
- Occupations or work requiring use of heavy machinery (cranes, forklifts, bulldozers and the like, vehicles requiring Class 4 license and above)
- Offshore Workers in Oil & Gas industry, and those working on oil rigs
- Ship Crew, shipbuilding & ship repair & maintenance workers working at shipyards, staff working at shipyards ports and/or dockyard
- Window cleaners or construction workers at height exceeding 30 feet above ground
- Workers engaged in mining or underground work
- Workers handling explosives, chemicals and other toxic materials

GENERAL EXCLUSION

- Pre-existing conditions, any consequential loss or damage of any kind whatsoever.
- Alcoholism or the effect or influence (temporary or otherwise) of alcohol;
- Drug addiction or the effect or influence (temporary or otherwise) of drugs not prescribed by a doctor
- Riot, strike or civil commotion (unless unforeseeable);
- Psychiatric or insanity or conditions related to functional disorder of the mind, nervous disorders;
- Suicide, attempted suicide or intentional self-injury while sane or insane or caused directly by the Insured's / Insured member's deliberate act;
- Venereal disease, sexually transmitted diseases, Human Immunodeficiency Virus (HIV) related disease, Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC);
- Any unlawful act of the Insured / Insured member or wilful exposure to danger (other than in an attempt to save human life) or wilful act or wilful neglect of the insured / Insured member;
- Any malicious, wilful, or illegal acts by the Insured / Insured member or the Insured's / Insured member's family members;
- Pregnancy, childbirth, miscarriage, abortion, sterilization, menopause or any complications arising from any of these;
- Any birth defects, congenital abnormalities, hereditary and developmental conditions;
- Hazardous sports or activities including but not limited to winter sports (such as skiing or snowboarding), underwater activity (such as snorkeling or scuba diving), aerial activity (such as taking a helicopter tour or paragliding) or motor sport (such as motorcycle racing or motor car racing).
- War and terrorism
- Radioactive contamination, chemical, biological, biochemical and electromagnetic weapons exclusion .

DECLARATION

I/We hereby declare that the following statement is true and correct to the best of my knowledge.

- 1.The employee to be covered is not below 16 years of age or above 60 years of age.

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.

I/We confirm having read and understand the information contained in the Product Disclosure Sheet provided to me/us and/or available on the Company's website.

Date: _____

Signature of Proposer: _____

SCHEDULE OF BENEFITS

Benefits	Sum Insured
Hospital and Surgical Benefits (per year) <ul style="list-style-type: none"> - Hospital Room & Board – subject to B\$20 per day and a max of 120days/disability - Intensive Care Unit – subject to a max of 30 days/disability - Hospital Supplies and Services - Surgical Fees - Operating Theatre - Anesthetist Fees - In-Hospital Physician Fees – subject to a max of 2 visits/day - Pre-hospitalization diagnostic test - Post-Hospitalization Treatment – within 90 days after discharge from the hospital - Pre-surgical consultation & diagnosis - Day Surgery (involves incision or histopathology report) - Ambulance Fees - Reimbursement of medical report for claim assessment <ul style="list-style-type: none"> Inpatient expenses for ordinary ward, Brunei government hospitals. Inpatient expenses for ordinary ward in private hospitals for life threatening accidental causes only 	Deductible : B\$50 B\$100,000
Daily Hospital Allowance (subject to a maximum of 75% of the equivalent daily wage of the foreign worker)	B\$30 per day for a max of 30 days
Emergency Accidental Outpatient Treatment	B\$300
Premium	B\$185

Section	Benefit	Sum Insured / Territorial Limit
1	Workmen's Compensation <ul style="list-style-type: none"> • Death • Permanent Total Disablement • Other forms of Injury or Disablement • Common Law Cover 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) Brunei
2	Personal Accident <ul style="list-style-type: none"> • Death • Permanent Total Disablement Territorial Limit	B\$15,000 B\$15,000 Worldwide
3	Personal Accident Medical Expenses Territorial Limit	B\$5,000 Worldwide
4	Repatriation Expenses Territorial Limit	B\$8,000 Brunei
5	Hospital and Surgical Expenses Territorial Limit	Refer to above schedule
6	Daily Hospital Income (max 60 days) Territorial Limit	Nil
7	Death Benefit Including Death from Natural Causes Territorial Limit	B\$5,000 Brunei
Premium		B\$80