

Annex A: Specifications and Compliance Sheet

Vendors are required to fill in the 'For Vendors to complete' section

BDFA/Q/0020/2026

Note: The Specifications and Compliance Sheet must be signed and stamped

Item	Descriptions	Product / Service Specifications		
		Features / Specifications	For Vendors to complete	
			Comply (Yes / No)	State Your Proposal
1	BDFA Employee Workmen Compensation	Workmen's Compensation		
		• Death		
		• Permanent Disablement		
		• Other form of injury		
		• Medical Expenses Death		
		• Territorial Limit		
		Common Law		
		• WCP Basic		
		• WCP Comprehensive		
		Personal Accident (Outside of Working Hours)		
		• Death		
		• Permanent Disablement		
		• Territorial Limit		
		Medical Hospitalization & Surgical Expenses due to:		
		• Accident		
		• Illness		
		• Excess		
		• Territorial Limit		
		Daily Hospital Allowance Benefit		
		• Daily Hospital Allowance Benefit		
		• Up to 60 Days		
		• Territorial Limit		
		Death Benefit due to Natural Causes and Illness		
		Death Benefit due to Natural Causes and Illness		
		Repatriation Compassionate Benefit		
		Repatriation and Compassionate benefits shall be provided in accordance with the insurance provider's terms, conditions, and applicable policy limits.		
		Coverage Territorial		
		Coverage shall apply within Brunei Darussalam, subject to the insurance provider's terms, conditions, and applicable policy limits.		
		Applicable		
		• Local		
		• Foreign Employee		

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			Comply (Yes / No)	State Your Proposal
1	BDFA Employee Workmen Compensation	In the event that an employee resigns during the insured year, the remaining insurance premium shall be handled as follows (Subject to the insurance provider's policy terms and conditions):		
		• Calculated on a Prorated Basis		
		• Refunded		
		• Transferred / Substituted to Cover a Newly Hired Employee		
		Total Employees Coverage		
		102 employees		
		Additional Employees Coverage		
		• The insurance policy shall provide coverage for up to 102 employees , with the option to extend coverage to an additional 38 employees , bringing the maximum coverage to 140 employees .		
		• Any additional employees included under the extended coverage shall be charged at the same fixed premium rate, which shall remain unchanged throughout the 2 years (24 months) insured period . Such employees shall be covered for the remaining duration of the insured period , subject to the insurance provider's terms and conditions.		
		Coverage Period		
2 years (24 months), commencing from 1 December 2026 until 30 November 2028.				
Procurement Requirement				
Price Validity: Minimum 3 months (state number of months)				
Delivery Period: 1 December 2026 until 30 November 2028				
Any Additional Coverage Offered: To be stated in a separate sheet, if any				
Any Additional Fee: To be stated in a separate sheet, if any				
Stamp Duty Fee (State Per Employee or Per Policy):				
Stamp Duty Fee (Price):				
Price Per Employee				
Price Year 1 for 102 Employees				
Price Year 2 for 102 Employees				
Grand Total				