



Allied Insurance Company

CARGO INSURANCE PROPOSAL FORM

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Proposal no.

Policy no.

Individual/Company, Occupation, Nature of Business, ID No., Reg No., Nationality, Contact Name, Contact No., Email, Fax, etc.

Bank name (If by LC):

Description of goods / Subject matter, Value of goods / Sum insured, Invoice no., Invoice date, Marks and numbers, Bill of lading date, Goods containerized, Basis of valuation, etc.

Voyage: From (country / port), To (country / port), If transit (country / port), Sailing on / about, Vessel name / Aircraft, Mode of Transport, etc.

Institute Cargo Clause (A), Institute Cargo Clause (B), Institute Cargo Clause (C), Institute War Clause, Institute Strike Clause, etc.

Declaration: I/We confirm that the above answers, statements, particulars and additional information are true to the very best of my/our knowledge and belief. Signature, Date

Documents required with the Proposal: Invoice/ Pro-forma Invoice, ID. Card/Company's registration copy, etc.

Office use only: Rate, Premium, Agent's Name

THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY (Acceptance of Proposal means Insurance policy issued and premium collected.)

Allied Insurance Company of the Maldives Pvt. Ltd. (C-43/84), Orchid, Ameeru Ahmed Magu, Male', 20095, Maldives

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