



# COMPREHENSIVE MOTOR INSURANCE PROPOSAL FORM

Proposal no. \_\_\_\_\_

ކޮމްޕްރިހެންސިވް މޮޓޯ އިންޝޯރަންސް ޕްރޮޕޮޝަލް ފޯމް

Allied Insurance Company

Policy no. \_\_\_\_\_

<input type="checkbox"/> Individual މާއިކަލް ފަރާތް	<input type="checkbox"/> Company ކުންފުނި	<input type="checkbox"/> National ID Card މިލިފާން ފޮޓޯ ސަލާފް	<input type="checkbox"/> Registration Certificate ކެޖިސްޓްރޭޝަން ސެޓިފިކެޓް
Occupation: ބަނދު	Nature of Business: ކަންކަން	<input type="checkbox"/> Work Permit ލަވަސް ޕާމިޓް	<input type="checkbox"/> Passport ލިޔެކިޔުން
Company/Office/Applicant's Name: ކުންފުނި/ޔާމިނިޔާތު/އިއްޔާލާމުގެ ކަންކަން		ID No. މިލިފާން ފޮޓޯ ސަލާފް ނަންބަރު	Reg No. ކެޖިސްޓްރޭޝަން ނަންބަރު
Date of Birth: މަސް ދުވަސް	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="checkbox"/> Male މިހާނެ	<input type="checkbox"/> Female އިސްޓްރީ
Permanent Address (as in ID card): ދުޔާއަތުގެ ބަނދު (މިލިފާން ފޮޓޯ ސަލާފް ގޮތަށް)		Nationality: ދިވެހި	
Postal Address (fill below): ފޯމް ސަލާފް ބަނދު		Contact Name: މިލިފާން ފޮޓޯ ސަލާފް ކުރުމަށް	
House/Building name: ކަނޑު/ކޮމްޕްލެކްސް ނަންބަރު		Contact No. މިލިފާން ފޮޓޯ ސަލާފް ނަންބަރު	
Road: ހަދު	District: ދާއިރާ	Email: ފެއުލް	
Postal Code: ޕޮސްޓަލް ބަނދު	Atoll, Island: މަލްކު/ކަނޑު	Fax: ފެކްސް	

If another party has an interest \_\_\_\_\_ ފަތުރުވެރިންނަށް ވާ ފަރާތްތަކާ ބެހޭ ގޮތުން

Full Name: \_\_\_\_\_ Phone no: \_\_\_\_\_ Address: \_\_\_\_\_

Vehicle Details \_\_\_\_\_ ފަރާތްތަކުގެ ފޯމުގެ ތެރެއިން

Registry no: \_\_\_\_\_ Value of Vehicle: \_\_\_\_\_ Model no: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_

Condition of Vehicle when Purchase:  
 New Vehicle      Second Hand Vehicle

Condition of Vehicle Now:  
 Good      Problems Occur

Please specify if Vehicle has Problems: \_\_\_\_\_

Purpose of Vehicle:     Private     Hiring Vehicle     Commercial    Others, Please Specify: \_\_\_\_\_

Type of Insurance:     Comprehensive Insurance     Comprehensive Insurance excluding theft

Documents required with the Proposal: \_\_\_\_\_

Vehicle's registry copy      ID. Card/license copy

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. I/We also confirm that I/We have disclosed all information and material facts that may alter the Insurer's view of the risk, or affect their assessment of the exposures they are covering under the Policy. I/We agree that this proposal shall be basis of the contract and part of the insurance between myself / ourselves and the company.

އަޔުމަތު: ތި/އަපަން ސަފްތާއަށް ވާ ބަނދު، ބަނދުތައް، ޖަހަވާތައް ގުޅިފައިވާ މަޢުލޯމާތު ދެއްވާފައިވާ ކަމަށް ސަފްތާއަށް ވާ މަޢުލޯމާތު ދެއްވާފައިވާ ކަމަށް ޔަބީނުކޮށް ބަޔާން ކުރެއްވެވުމެވެ. ތި/އަපަން ސަފްތާއަށް ވާ ބަނދު، ބަނދުތައް، ޖަހަވާތައް ގުޅިފައިވާ މަޢުލޯމާތު ދެއްވާފައިވާ ކަމަށް ސަފްތާއަށް ވާ މަޢުލޯމާތު ދެއްވާފައިވާ ކަމަށް ޔަބީނުކޮށް ބަޔާން ކުރެއްވެވުމެވެ. ތި/އަපަން ސަފްތާއަށް ވާ ބަނދު، ބަނދުތައް، ޖަހަވާތައް ގުޅިފައިވާ މަޢުލޯމާތު ދެއްވާފައިވާ ކަމަށް ސަފްތާއަށް ވާ މަޢުލޯމާތު ދެއްވާފައިވާ ކަމަށް ޔަބީނުކޮށް ބަޔާން ކުރެއްވެވުމެވެ.

Applicant Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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

Purchase Value Less of Depreciation

مركبات و وسائل نقلية اخرى

Age of vehicle, not exceeding 6 months مركبات و وسائل نقلية اخرى 6 اشهر او اقل	Nil
Age of vehicle, exceeding 6 months but not 1 year مركبات و وسائل نقلية اخرى 6 اشهر او اكثر الى 1 سنة	2.5%
Age of vehicle, exceeding 1 year but not 2 years مركبات و وسائل نقلية اخرى 1 سنة او اكثر الى 2 سنوات	5%
Age of vehicle, exceeding 2 year but not 3 years مركبات و وسائل نقلية اخرى 2 سنة او اكثر الى 3 سنوات	7.5%
Age of vehicle, exceeding 3 year but not 4 years مركبات و وسائل نقلية اخرى 3 سنوات او اكثر الى 4 سنوات	10%
Age of vehicle, exceeding 4 year but not 5 years مركبات و وسائل نقلية اخرى 4 سنوات او اكثر الى 5 سنوات	15%
Age of vehicle, exceeding 5 year but not 10 years مركبات و وسائل نقلية اخرى 5 سنوات او اكثر الى 10 سنوات	20%
Age of vehicle, exceeding 10 years مركبات و وسائل نقلية اخرى 10 سنوات او اكثر	30%

Claims Lodge During the Last 3 Years

مطالبات مقدمة خلال السنوات الثلاثة الماضية

Year السنة	Claim Number رقم المطالبة	Amount (MVR) المبلغ

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