Electronic Equipment Insurance Proposal Form

އިލެކްޓްރޯނިކް ސާމާނުގެ އިންޝުއަރަންސްއަށް އެދޭ ފޯމު

Allied Insurance Company

Proposal no.	
Policy no.	

☐ Individual
އަމިއްލަ ފަރުދުން

☐ Company
ކުންފުނި

Occupation: ____________
ވަޒީފާގެ ދާއިރާ

Nature of Business: ____________
ވިޔަފާރީގެ ބާވަތް

Company/Office/Applicant's Name: ____________
ކުންފުނީގެ ނަން/ އޮފީހުގެ ނަން/ އެޕްލިކަންޓްގެ ނަން

Date of Birth: D D / M M / Y Y Y Y
އުފަން ތާރީޚް

☐ Male
ފިރިހެން

☐ Female
އަންހެން

Permanent Address (as in ID card): ____________
ދާއިމީ އެޑްރެސް (އައިޑީ ކާޑުގައި ވާގޮތަށް)

Postal Address (fill below):
ޕޯސްޓަލް އެޑްރެސް

House/Building name: ____________
ގޭގެނަން/ އިމާރާތުގެ ނަން

Road: ____________
މަގު

District: ____________
އަވަށް

Postal Code: ____________
ޕޯސްޓަލް ކޯޑު

Atoll,Island: ____________
އަތޮޅު، ރަށް

☐ National ID Card
އައި.ޑީ.ކާޑު

☐ Registration Certificate
ރަޖިސްޓްރީ ސެޓްފިކެޓް

☐ Work Permit
ވަރކް ޕަރމިޓް

☐ Passport
ޕާސްޕޯޓް

ID No. ☐☐☐☐☐☐☐☐☐☐☐
އައިޑީ ނަންބަރު

Reg No. ☐☐☐☐☐☐☐☐☐☐
ރަޖިސްޓްރީ ނަންބަރު

Nationality: ____________
ޤައުމު

Contact Name: ____________
ގުޅަންޖެހޭ މީހާގެ ނަން

Contact No: ____________
ގުޅަންޖެހޭ މީހާގެ ނަންބަރު

Email: ____________
އީމެއިލް

Fax: ____________
ފެކްސް

Location of risk:

Has any of the equipment to be insured :
previously been covered by any other insurance company?

Yes ☐ No ☐

By which company? ____________

Period of Insurance ____________

Condition of equipment: Is the equipment maintained in accordance with the manufacturer's instructions?

Yes ☐ No ☐

Is the quipment operated by competent staff?

Yes ☐ No ☐

Has the property been insured before?

Yes ☐ No ☐

(a) Name of the insurer ____________

(b) Nature of cover granted ____________

(c) Whether the insurance is still current ____________

Has any insurer in respect of the property you wish to insure or any other property you have had any interest in:

(a) Declined/Refused to insure you? Yes ☐ No ☐

If yes, please give full details ______________________________

____

(b) Increased your premium on renewal? Yes ☐ No ☐

If yes, please give full details ______________________________

____

Have you ever made a claim upon an insurer? Yes ☐ No ☐

If yes, please give full details ______________________________

____

* Electronic Equipment List - Format
* Please provide the list of Electronic Equipment needed to be insured as per the below format in a separate sheet.

#	Name and Description of Item	Year of Manufacture	Model	Serial No.	Unit Price

* Give particulars of any equipment to be insured which has had a breakdown or failure during the last three years and shows any signs of repair.

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.

މަތީގައި ފާހަގަކޮށްދީފައިވާ މައުލޫމާތުތަކީ ތެދު އަދި ޞައްޙަ މައުލޫމާތުތަކެއްކަން އަޅުގަނޑު/ އަޅުގަނޑުމެން އިޤުރާރުވެ ސޮއިކުރަމެވެ. މީގެ އިތުރުން، އިންޝުއަރަރ ކުރާ ފަރާތުން، އަޅުގަނޑު/
އަޅުގަނޑުމެން ނަގާމުން ހަމަޖެހިފައިވާ އިންޝުއަރަންސް ޕޮލިސީއާއި، ޕޮލިސީގެ ދަށުން ހިމެނޭ ކަންތައްތަކާއި ގުޅޭ ފުރިހަމަ މައުލޫމާތު އިންޝުއަރަރ ކުރާ ފަރާތާއި އަޅުގަނޑު/ އަޅުގަނޑުމެން
ހިއްސާ ކޮށްފީމެވެ. އިންޝުއަރަންސް ކޮންޓްރެކްޓްގައި އަޅުގަނޑާއި/ އަޅުގަނޑުމެންނާއި ދެމެދުވާ އެއްބަސްވުން ބިނާވާނީ މި ފޯމުގައިވާ މައުލޫމާތުތަކުގެ މައްޗަށް ކަމުގައި ގަބޫލުކުރަމެވެ.

Signature: Date:

Documents required with the Proposal: ☐ ID. Card/Company's registration copy ☐ Electronic Equipment List (as per the format above mentioned)

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.)