



Allied Insurance Company

ELECTRONIC EQUIPMENT INSURANCE PROPOSAL FORM

ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ދަށުން ހިންގާ ސަރުކާރުގެ ފަރާތުން ހިންގާ ފަރާތް

Proposal no. _____

Policy no. _____

<input type="checkbox"/> Individual ފަރާތް ފަރާތް Occupation: _____ ދަނޯ ދަނޯ Company/Office/Applicant's Name: _____ ޕްރޮޖެކްޓްގެ ނަންމު / ޕްރޮޖެކްޓްގެ ނަންމު / ޕްރޮޖެކްޓްގެ ނަންމު Date of Birth: <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 <input type="checkbox"/> Female ފަރާތް ފަރާތް Permanent Address (as in ID card): _____ (ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން) ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ފަރާތުން Postal Address (fill below): _____ ފަރާތް ފަރާތް House/Building name: _____ ފަރާތް ފަރާތް Road: _____ District: _____ ފަރާތް ފަރާތް Postal Code: _____ Atoll, Island: _____ ފަރާތް ފަރާތް	<input type="checkbox"/> National ID Card <input type="checkbox"/> Registration Certificate ފަރާތް ފަރާތް <input type="checkbox"/> Work Permit <input type="checkbox"/> Passport ފަރާތް ފަރާތް ID No. _____ ފަރާތް ފަރާތް Reg No. _____ ފަރާތް ފަރާތް Nationality: _____ ފަރާތް Contact Name: _____ ފަރާތް ފަރާތް Contact No: _____ ފަރާތް ފަރާތް Email: _____ ފަރާތް Fax: _____ ފަރާތް
---	--

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 equipment 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 _____

