



Allied Insurance Company

ERECTION ALL RISK INSURANCE PROPOSAL FORM

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Proposal no.

Policy no.

Individual/Company, Occupation, Nature of Business, ID No., Registration Certificate, Work Permit, Passport, Date of Birth, Male/Female, Permanent Address, Postal Address, House/Building name, Road, District, Postal Code, Atoll, Island, Contact Name, Contact No., Email, Fax.

Mortgagee, Project Name, Nature of Project, Location of Project, Period of Insurance, Sum Insured, Section 1. Material Damage, Section 2. Third Party Liability, Any One Occurrence, Aggregate.

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.

Documents required with the Proposal: ID. Card/Company's registration copy, List of the machineries with values

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

1600 +960 332 5035 info@allied.mv youtube.com/alliedmv facebook.com/alliedmv twitter.com/alliedmv

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