



Allied Insurance Company

Employer / Sponsor Details:

މަސޯދަ ފޯމުލަ / ސޯޝަލަ ފޯމުލަ / ސޯޝަލަ ފޯމުލަ

EXPATRIATE INSURANCE PROPOSAL FORM

އިންސޯރަންސް ފޯމުލަ / ސޯޝަލަ ފޯމުލަ / ސޯޝަލަ ފޯމުލަ

Proposal no.
Policy no.
Agent code:

Name: Registration No or National ID No:
Address: Contact No: No. of person to be covered:

Insurance Cover:

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Please tick the appropriate box:
New Policy
Renewal Policy
Cancel old policy & issue new policy

Inpatient cover and life insurance (Mandatory)
Passport No. Change

Allied counters will accept proposal forms upto 20 beneficiaries.

Proposal form consisting more than 20 beneficiaries shall be submitted via email to expat@alliedmaldives.net as per below format.

އިންސޯރަންސް ފޯމުލަ 20 ބަނޫދުގެ ތެރޭގައި 20 ބަނޫދުގެ ތެރޭގައި 20 ބަނޫދުގެ ތެރޭގައި

expat@alliedmaldives.net ގައި 20 ބަނޫދުގެ ތެރޭގައި 20 ބަނޫދުގެ ތެރޭގައި 20 ބަނޫދުގެ ތެރޭގައި

Table with 8 columns: #, Passport / Work Permit no., Nationality, EA Expiry Date, Name (as in Passport), Date of Birth, Passport no., Relationship

Documents required with the Proposal:
Work visa: Copy of Employment Approval
Other visa: Passport copy, Visa application form 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.

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This policy may be cancelled or terminated unilaterally by the insurer in accordance with the terms of this policy and once this policy is cancelled or terminated for any reason what so ever, the premium levied against this policy shall be non-transferable, neither apportionable nor refundable.

Signature:
Date:

THIS INSURANCE WILL BE ISSUED TO COVER THE EMPLOYMENT APPROVAL PERIOD FOR THE WORK VISA AND VISA REQUESTED PERIOD FOR OTHER VISAS

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