



Allied Insurance Company

Employer / Sponsor Details:

މަސައްސަރާ ވަނަވަނަ / ސަރުކާރުގެ ފަރާތްތަކުގެ ފަރާތް

EXPATRIATE INSURANCE PROPOSAL FORM

މި ފޯމުގައި ބަލައިލާ ފަރާތްތަކުގެ ބޭނުންކުރާ ފަރާތްތަކުގެ ފަރާތް

Proposal no.
Policy no.
Agent code:

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

Insurance Cover:

މި ފޯމުގައި ބަލައިލާ ފަރާތްތަކުގެ ފަރާތް

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.

މި ފޯމުގައި ބަލައިލާ ފަރާތްތަކުގެ ބޭނުންކުރާ ފަރާތްތަކުގެ ފަރާތް 20 ގެ ސަބަބުން ބަލައިލާ ފަރާތްތަކުގެ ފަރާތް 20 ގެ ސަބަބުން ބަލައިލާ ފަރާތްތަކުގެ ފަރާތް expat@alliedmaldives.net ގައި ބަލައިލާ ފަރާތްތަކުގެ ފަރާތް.

Table with columns: Employee / Applicant Details, Next of Kin Details. Includes fields for Name, Date of Birth, Passport no., and 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. 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.
Signature:
Date:

THIS INSURANCE WILL NOT BE IN FORCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY

މި ފޯމުގައި ބަލައިލާ ފަރާތްތަކުގެ ބޭނުންކުރާ ފަރާތްތަކުގެ ފަރާތް 20 ގެ ސަބަބުން ބަލައިލާ ފަރާތްތަކުގެ ފަރާތް