



EXPATRIATE INSURANCE PROPOSAL FORM

ދިވެހިސަރުކާރުގެ ގެޒެޓްގައި ބަޔާންކުރި ރިއާސަތު ދަށުން ދަނީ ފުރިހަމަކުރަމެވެ.

Allied Insurance Company

Employer / Sponsor Details:

އިދާރާތަކާ ނުވަތަ ފަރާތަކާ ނުވަތަ ފަރާތްތަކާ ދެކޮޅަށް ހެއްދެވިފައިވާ ސަރުކާރުގެ ޖަމާއިއްޔާއެވެ.

Proposal no.
Policy no.
Agent code:

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

Insurance Cover:

މިސަރުކާރުގެ ދަށުން ހެއްދެވިފައިވާ ސަރުކާރުގެ ޖަމާއިއްޔާއެވެ.

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 at Huravee Building Immigration Floor 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

މިސަރުކާރުގެ ދަށުން ހެއްދެވިފައިވާ ސަރުކާރުގެ ޖަމާއިއްޔާއެވެ. 20 ގެ އަދަދަށް ވުރެ ގިނަ ބަނޑުވަންދުމުގެ ފޯމް ހުށަހަޅާނީ expat@alliedmaldives.net ގެ ފަރާތުން ފޮނުވާލަން ޖެހޭނެއެވެ.

Table with 2 main columns: Employee / Applicant Details and Next of Kin Details. Includes fields for #, Passport no., Nationality, EA Expiry Date, 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.

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

މިސަރުކާރުގެ ދަށުން ހެއްދެވިފައިވާ ސަރުކާރުގެ ޖަމާއިއްޔާއެވެ. 20 ގެ އަދަދަށް ވުރެ ގިނަ ބަނޑުވަންދުމުގެ ފޯމް ހުށަހަޅާނީ expat@alliedmaldives.net ގެ ފަރާތުން ފޮނުވާލަން ޖެހޭނެއެވެ.