



Allied Insurance Company

Fire Insurance Proposal Form

ފޮޓޯ ފައިރާ ބިލް ދިނުމަށް ދަންނަވާ ފޯމު

Proposal no. _____

Policy no. _____

<input type="checkbox"/> Individual ފަރާތް ފަރާތް		<input type="checkbox"/> Company ޔަފްޅު		<input type="checkbox"/> National ID Card ރާއްޖޭގެ ޖިނީސަރު		<input type="checkbox"/> Registration Certificate ރިޖިސްޓްރޭޝަން ސެޓިފިކޭޓް	
Occupation: _____ ވަޅުމުގެ ނަންބަރު		Nature of Business: _____ ޖަވާބު ޖަވާބު		<input type="checkbox"/> Work Permit ވަޅުމުގެ ޖެނެރޭޝަން		<input type="checkbox"/> Passport ޕާސެޕޯޓް	
Company/Office/Applicant's Name: _____ ޔަފްޅު/ޔަފްޅު/ފަރާތް ފަރާތް				ID No. _____ ރިޖިސްޓްރޭޝަން ނަންބަރު			
Date of Birth: <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY <input type="text"/> YY				<input type="checkbox"/> Male ފިރިހެން		<input type="checkbox"/> Female ފިރިހެން	
Permanent Address (as in ID card): _____ (ރިޖިސްޓްރޭޝަން ސެޓިފިކޭޓް ގައި ބަޔާންކުރި អាދީސާ)				Reg No. _____ ރިޖިސްޓްރޭޝަން ނަންބަރު			
Postal Address (fill below): _____ ފޯމުގެ ނަންބަރު				Nationality: _____ ރާއްޖެ			
House/Building name: _____ ފޯމުގެ ނަންބަރު				Contact Name: _____ ފޯމުގެ ނަންބަރު			
Road: _____ ރަސްމީ		District: _____ ޖިލަޔު		Contact No: _____ ފޯމުގެ ނަންބަރު			
Postal Code: _____ ފޯމުގެ ނަންބަރު		Atoll, Island: _____ ރާއްޖެ، ރާއްޖެ		Email: _____ ފޯމުގެ ނަންބަރު			
Fax: _____ ފޯމުގެ ނަންބަރު							

Mortgagee:	_____
Risk name:	_____
Location of risk:	_____
Nature of Business:	_____
Period of Insurance:	_____
Total Sum Insured:	_____
Basic cover: Fire, Lightening & Domestic Explosion Additional Perils: (Coverage for these additional perils is subject to Company's discretion and additional premium charge.)	
<input type="checkbox"/> Explosion	
<input type="checkbox"/> Damage/Loss due to bursting or overflowing of water tanks, apparatus or pipes	
<input type="checkbox"/> Riot and Strike	
<input type="checkbox"/> Impact Damage by road vehicles	
<input type="checkbox"/> Malicious Damage	
<input type="checkbox"/> Earthquake, Volcanic Eruption, Hurricane, Tidal waves, Cyclone, Typhoon, Tsunami, Windstorm and Flood Arising there from	
<input type="checkbox"/> Flood	
<input type="checkbox"/> Aircraft including other aerial devices & articles dropped therefrom	
Extension: <input type="checkbox"/> Burglary Cover	

Specification of property and sums to be insured

Item	Property	Sum Insured Building (MVR/USD)
1	Building(s) including Permanent Fixtures and Fittings	
2	___Months' Rent thereof	
3	Furniture	
4	Stock and Materials in Trade	
5	Plant and Machinery	

Item	Property	Sum Insured Building (MVR/USD)
7	Architects and Surveyors Fees	
8	Removal of Debris	
Others (Please specify)		
Total Sum to be Insured		

Questionnaire

	Please tick the appropriate box		If yes, give full details
	Yes	No	
Is there any other Insurance on the same property in force with us or any other company?			
Has any company or insurer ever declined to insure you or your property, imposed special terms or cancelled or refused to renew your insurance?			
Are there any other occupants of the premises?			
Are the premises attached to or near any other premises?			If yes, Please describe below in detail the nearby premises to the right, left and back (e.g. distance, residents and the materials in which external wall, roofs, etc. are made of)
Are any hazardous goods, including petrol, kerosene, rubber, copra, matches or joss sticks, used or stored?			
Of what material are the following constructed?	External Walls:		
	Roof:		
	Floors:		
How many stories high, including the ground floor, are the premises?			
How are the premises lighted?			
How long have you conducted business at the premises?			

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.

މަތީގައި ބަޔާންކޮށްފައިވާ ސަފުހާގެ މައުލޫމާތު ހުރިހާ ފަރާތްތަކުން ވަކި ވަކި ގޮތުން ބަލައި ފޮތް ފުރިހަމަކުރެއްވިއެވެ. އަދި ބަޔާންކޮށްފައިވާ ސަފުހާގެ މައުލޫމާތު ހުރިހާ ފަރާތްތަކުން ވަކި ވަކި ގޮތުން ބަލައި ފޮތް ފުރިހަމަކުރެއްވިއެވެ. އަދި ބަޔާންކޮށްފައިވާ ސަފުހާގެ މައުލޫމާތު ހުރިހާ ފަރާތްތަކުން ވަކި ވަކި ގޮތުން ބަލައި ފޮތް ފުރިހަމަކުރެއްވިއެވެ. އަދި ބަޔާންކޮށްފައިވާ ސަފުހާގެ މައުލޫމާތު ހުރިހާ ފަރާތްތަކުން ވަކި ވަކި ގޮތުން ބަލައި ފޮތް ފުރިހަމަކުރެއްވިއެވެ. އަދި ބަޔާންކޮށްފައިވާ ސަފުހާގެ މައުލޫމާތު ހުރިހާ ފަރާތްތަކުން ވަކި ވަކި ގޮތުން ބަލައި ފޮތް ފުރިހަމަކުރެއްވިއެވެ. އަދި ބަޔާންކޮށްފައިވާ ސަފުހާގެ މައުލޫމާތު ހުރިހާ ފަރާތްތަކުން ވަކި ވަކި ގޮތުން ބަލައި ފޮތް ފުރިހަމަކުރެއްވިއެވެ.

Signature: _____ Date: _____

Documents required with the Proposal: Copy of permit for selling imported goods (if applicable) Lease agreement copy (if applicable)
 ފޮތް ފުރިހަމަކުރެއްވުމަށް ބޭނުންވާ ސަފުހާގެ މައުލޫމާތު ހުރިހާ ފަރާތްތަކުން ވަކި ވަކި ގޮތުން ބަލައި ފޮތް ފުރިހަމަކުރެއްވިއެވެ. ID. Card/ Company's registration copy
 ފޮތް ފުރިހަމަކުރެއްވުމަށް ބޭނުންވާ ސަފުހާގެ މައުލޫމާތު ހުރިހާ ފަރާތްތަކުން ވަކި ވަކި ގޮތުން ބަލައި ފޮތް ފުރިހަމަކުރެއްވިއެވެ.

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.)