



Group Personal Accident Insurance Proposal Form

މަލްދީވު ގުޅިގެން ފަރާތްތަކުގެ ފަރާތުން ސަލާމަތުގެ ފަލްޖު ދަލުސާތުގެ ސިޔާސަތުގެ ދަށުން ހުށަހަޅާ ފޯމު

Proposal no. _____

Policy no. _____

<input type="checkbox"/> Individual ފަރާތްތަކުގެ ފަރާތުން	<input type="checkbox"/> Company ޢާއިރުމާތު	<input type="checkbox"/> National ID Card ރާއްޖޭގެ ރައްކާތެރިކަން ދަލުސާތު	<input type="checkbox"/> Registration Certificate ރާއްޖޭގެ ރައްކާތެރިކަން ދަލުސާތު
Occupation: _____ ބަދަލު ދަލުސާތު		Nature of Business: _____ ބަދަލު ދަލުސާތު	
Company/Office/Applicant's Name: _____ ޢާއިރުމާތު/ޢާއިރުމާތު/ފަރާތްތަކުގެ ފަރާތުން			
Date of Birth: <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YYYY"/>		<input type="checkbox"/> Male <input type="checkbox"/> Female ފަރާތްތަކުގެ ފަރާތުން	
Permanent Address (as in ID card): _____ ފަރާތްތަކުގެ ފަރާތުން (ރާއްޖޭގެ ރައްކާތެރިކަން ދަލުސާތު)			
Postal Address (fill below): _____ ފަރާތްތަކުގެ ފަރާތުން			
House/Building name: _____ ފަރާތްތަކުގެ ފަރާތުން			
Road: _____ ރަސްމަތި		District: _____ ދާއިރާ	
Postal Code: _____ ފަރާތްތަކުގެ ފަރާތުން		Atoll, Island: _____ ރާއްޖޭގެ ރައްކާތެރިކަން	
		ID No. _____ ފަރާތްތަކުގެ ފަރާތުން	
		Reg No. _____ ފަރާތްތަކުގެ ފަރާތުން	
		Nationality: _____ ފަރާތްތަކުގެ ފަރާތުން	
		Contact Name: _____ ފަރާތްތަކުގެ ފަރާތުން	
		Contact No: _____ ފަރާތްތަކުގެ ފަރާތުން	
		Email: _____ ފަރާތްތަކުގެ ފަރާތުން	
		Fax: _____ ފަރާތްތަކުގެ ފަރާތުން	

Proposer's Business: _____

Persons to be insured, results and compensation: _____

PLEASE COMPLETE 'BENEFITS REQUIRED' OVERLEAF

QUESTIONS CONCERNING THE PERSONS TO BE INSURED		
	Please tick the appropriate box	If yes, give full details
1. Are any persons to be insured less than 16 or more than 60 years of age?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Is any machinery other than hand tools used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Does any person to be insured engage in any of the expected risks (see 'Basic Facts') or any sport or pastime normally regarded as dangerous?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Has any person to be insured any physicals or other defect or weakness, or suffered any injuries, illness or diseases lasting more than 7 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Has any application for life, injury or illness insurance been declined or special terms imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Is there any other life, injury or illness insurance in force or applied for in respect of the persons to be insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. What is the maximum number of persons to be insured who are likely to travel together and any one time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

BENEFITS REQUIRED						
Insert Names or Numbers and Occupations and Descriptions of Persons to be insured, using appropriate categories						
1	Management;					
2	Supervisor;					
3	Manual Workers;					
RESULTS	CATEGORIES DESCRIBED ABOVE					
	1		2		3	
	Limit	Number of People	Limit	Number of People	Limit	Number of People
A. DEATH						
B. PERMANENT LOSS OR DISABLEMENT- SCALE 1 OR SCALE 2						
C. TEMPORARY TOTAL DISABLEMENT (PER WEEK)						
D. MEDICAL EXPENSES FOLLOWING ACCIDENTAL INJURY						
ESTIMATED ANNUAL REMUNERATION OF ALL EMPLOYEES IN EACH CATEGORY						

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.

أنا / نحن نؤكد أن الإجابات والبيانات والبيانات الإضافية أعلاه صحيحة تماماً وفقاً لأفضل المعرفة والاعتقاد لدي / لدينا. نؤكد أيضاً أننا قد قمنا بفتح كافة المعلومات والحقائق المادية التي قد تغير رأي المؤمن له في الخطر، أو تؤثر على تقييمه لتعرضاتهم التي تغطيها هذه الوثيقة. نوافق على أن هذا الاقتراح سيشكل أساس العقد وأحد أجزاء التأمين بيني / بيننا وبين الشركة.

Signature: Date:

Office use only		
Rate:	Premium:	Agent's Name:
Documents required with the Proposal: <input type="checkbox"/> ID. Card/Company's registration copy		

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.)

Our Personal Accident Insurance gives you time and money to make alternative arrangements for yourself, your family or your business if the persons insured are injured in an accident.

Basic Facts

Cover is available for most people aged between 16 and 60, and thereafter cover can normally be continued without revision until age 70. The amount of cover depends upon the number of insurance units or the amount of compensation you select please see 'Your Choice of Cover' below.

The cover operates 24 hours a day but there are some exceptions. We do not death or disablement caused by pre-existing conditions, effects of alcohol or drugs, war, riot, strike, civil commotions, intentional self-injury, pregnancy or childbirth. Certain activities such as motor cycling, winter sports, ice hockey, all types of football, polo, hunting, mountaineering, parachuting, hang-gliding, underwater activities, racing other than of foot and using woodworking machinery driven by mechanical power are also excluded but cover can be Flying as a far-paying passenger in a licensed passenger carrying aircraft is included.

Cost

This depends upon the results insured against, how much compensation you want for each and the employment or occupation of the person(s) to be insured. Simply check the Occupational Class against the relevant column below and multiply by the number of units or the compensation you require to find the annual premium cost.

Discounts may be given where a large group of persons is to be insured or where the insurance is to be restricted to accidents happening in the course of and arising out of the employment or occupation of the persons to be insured.

Examples of Occupational Classes

CLASS 1 - Persons engaged in professional, administrative, managerial, clerical and non-manual occupations generally.

CLASS 2 - Persons engaged in work of a supervisory nature and others not in CLASS 1 whose duties do not involve the use of tools or machinery or expose to them to any special hazard.

CLASS 3 - Persons engaged in manual work not of particularly hazardous nature but involving the use of tools or machinery.

If the person to be insured does not appear to be described in one of these classes please ask for a special quotation.

Your Choice of Cover

You can select the Result against which you wish to insure and the amount of compensation required and the table below shows the annual cost for each unit of compensation:

Result	Unit of Compensation	Annual Cost		
		Class 1	Class 2	Class 3
A. Death	10,000.00	7.50	9.00	11.00
B. Permanent loss or disablement (please see notes overleaf):				
EITHER Scale 1	10,000.00	3.75	4.50	5.50
OR Scale 2	10,000.00	7.50	9.00	11.00
C. Temporary total disablement (per week)	100.00	16.00	21.00	26.75
D. Temporary partial disablement (per week)	50.00	9.00	12.75	15.75
E. Necessary and reasonable medical, surgical, hospital, nursing home and nursing fees or charges of (or approved by) qualified and registered practitioners.				
	500.00	10.00	12.00	16.00
	1,000.00	14.00	18.00	22.00
	2,000.00	20.00	24.00	33.00
	3,000.00	25.00	32.00	41.00
	4,000.00	30.00	37.00	48.00
	5,000.00	35.00	42.00	54.00

If you prefer, the compensation can be related to salaries or wage. For example, for death or permanent disablement the compensation could be an amount equal to, say, 3 years remuneration of the person insured, or for weekly benefits the amount could be a percentage of

