



Allied Insurance Company

GROUP PERSONAL ACCIDENT INSURANCE PROPOSAL FORM

މި ފޯމުގައި ފުރިހަމަކުރަންޖެހޭ ފޯމުގެ ބަޔާންކުރުމަށް ފޯމުގެ ބަޔާންކުރުމަށް ފޯމުގެ ބަޔާންކުރުމަށް

Proposal no. _____

Policy no. _____

<input type="checkbox"/> Individual ފަރާތްތަކުގެ ފޯމުގެ ބަޔާންކުރުމަށް Occupation: _____ ދަނޯޅުގެ ބަޔާންކުރުމަށް Company/Office/Applicant's Name: _____ ޕްރޮޕޯޝަނަރުގެ ނަންމު/ޕްރޮޕޯޝަނަރުގެ ނަންމު/ފަރާތްތަކުގެ ނަންމު Date of Birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="checkbox"/> Male <input type="checkbox"/> Female ފަރާތްތަކުގެ ނަންމު ފަރާތްތަކުގެ ނަންމު Permanent Address (as in ID card): _____ (ދިވެހިރާއްޖޭގެ ތެރޭގައި ހުންނަ ހައުސްގެ ބަޔާންކުރުމަށް) Postal Address (fill below): _____ ފޯމުގެ ބަޔާންކުރުމަށް ފޯމުގެ ބަޔާންކުރުމަށް House/Building name: _____ ފޯމުގެ ބަޔާންކުރުމަށް ފޯމުގެ ބަޔާންކުރުމަށް Road: _____ District: _____ ފޯމުގެ ބަޔާންކުރުމަށް ފޯމުގެ ބަޔާންކުރުމަށް Postal Code: _____ Atoll, Island: _____ ފޯމުގެ ބަޔާންކުރުމަށް ފޯމުގެ ބަޔާންކުރުމަށް	<input type="checkbox"/> National ID Card <input type="checkbox"/> Registration Certificate ފަރާތްތަކުގެ ފޯމުގެ ބަޔާންކުރުމަށް ފަރާތްތަކުގެ ފޯމުގެ ބަޔާންކުރުމަށް <input type="checkbox"/> Work Permit <input type="checkbox"/> Passport ފަރާތްތަކުގެ ފޯމުގެ ބަޔާންކުރުމަށް ފަރާތްތަކުގެ ފޯމުގެ ބަޔާންކުރުމަށް ID No. _____ ފަރާތްތަކުގެ ފޯމުގެ ބަޔާންކުރުމަށް Reg No. _____ ފަރާތްތަކުގެ ފޯމުގެ ބަޔާންކުރުމަށް Nationality: _____ ފަރާތްތަކުގެ ފޯމުގެ ބަޔާންކުރުމަށް Contact Name: _____ ފަރާތްތަކުގެ ފޯމުގެ ބަޔާންކުރުމަށް Contact No: _____ ފަރާތްތަކުގެ ފޯމުގެ ބަޔާންކުރުމަށް Email: _____ ފަރާތްތަކުގެ ފޯމުގެ ބަޔާންކުރުމަށް Fax: _____ ފަރާތްތަކުގެ ފޯމުގެ ބަޔާންކުރުމަށް
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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 CATERGORY						

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.

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

Notes

(a) Benefit for Results B permanent disablement can be selected with either scale 1 OR 2, which would provide for the following percentages of the selected compensation to be paid

RESULTS	COMPENSATION PERCENTAGE	
	SCALE 1	SCALE 2
1. Total and permanent disablement from engaging in or attending to employment or occupations of any and ever kind	}	100%
2. Total and permanent losses of all sights in one or both eyes		
3. Total loss by physical severance or total and permanent loss of use of		
(a) one or two limbs		
(b) one or both hands		
(c) arm above the elbow		
(d) arm at or below elbow	100%	100%
(e) leg above knee		
(f) leg at below the knee		
4. Total and permanent loss of	NIL	50%
(a) sight in one eye except perception of light	NIL	50%
(b) lense of one eye		
5. Total loss by physical severance or total and permanent loss of use of		
(a) thumb and four fingers of one hand	NIL	50%
(b) four fingers of one hand	NIL	40%
(c) thumb (both phalanges)	NIL	25%
(d) thumb (one phalanx)	NIL	10%
(e) index finger (three phalanges)	NIL	15%
(f) index finger (two phalanges)	NIL	8%
(g) index finger (one phalanx)	NIL	4%
(h) middle finger (three phalanges)	NIL	10%
(i) middle finger (two phalanges)	NIL	4%
(j) middle finger (one phalanx)	NIL	2%
(k) ring finger (three phalanges)	NIL	8%
(l) ring finger (two phalanges)	NIL	4%
(m) ring finger (one phalanx)	NIL	2%
(n) little finger (three phalanges)	NIL	6%
(o) little finger (two phalanges)	NIL	3%
(p) little finger (one phalanx)	NIL	2%
(q) all toes of one foot	NIL	17%
(r) great toe (two phalanges)	NIL	5%
(s) great toe (one phalanx)	NIL	2%
(t) any other two	NIL	3%
6. Total and permanent loss of		
(a) hearing in both ears	NIL	75%
(b) hearing in one ear	NIL	15%
(c) speech	NIL	50%
7. Any permanent partial disablement not specified above other than loss of sense of taste or smell	NIL	SEE BELOW
RESULT B7 - SCALE 2		
Such percentage to be assessed by the Company as in the opinion of the Company's medical advisors is not inconsistent with the percentages specified above and without regard to the Person-Insured's employment or occupation.		

(b) The aggregate of all percentages payable for Result B Permanent disablement in respect of any one accident shall not exceed 100%

(c) Weekly benefit for accidental injury is payable in addition to the lump sum benefits but would cease in the event of Compensation becoming payable for death or any disablement specified under Result B.

(d) When a group of persons is to be insured they can be described in categories should different benefits be required for parts of the group the group. If they are employees the Compensation can be related to their remuneration. In such cases it is not necessary to advise us of the remuneration of any one individual, and this has the added advantage that is also not necessary to advise us everytime a member of the group leaves or joins the group-cover can be given automatically if required.

Remuneration means the total remuneration paid by the Proposer to the persons insured during the twelve months immediately preceding the happening of the accident. Weekly Remuneration means Remuneration as defined above divided by fifty-two