



Allied Insurance Company

MACHINERY BREAKDOWN INSURANCE PROPOSAL FORM

މާޝީނަރީ ބްރެކް ދައްވާ ފަރާތްތަކަށް ލިބޭ ބަލަންދު ފޯމު

Proposal no. _____

Policy no. _____

<input type="checkbox"/> Individual ފަރާތްތަކުގެ ނަންބަރު Occupation: _____ ވަޅުމުގެ ނަންބަރު Company/Office/Applicant's Name: _____ ޕްރޮޕްޔަރީ/ޕްލޭޝަރު/އެޕްލިކެންޓްގެ ނަންބަރު 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 ނަންބަރު ފަރާތްތަކުގެ ނަންބަރު Permanent Address (as in ID card): _____ (މާޝީނަރީ ބްރެކް ދައްވާ ފަރާތްތަކުގެ ނަންބަރު) Postal Address (fill below): _____ ފަރާތްތަކުގެ ނަންބަރު House/Building name: _____ ފަރާތްތަކުގެ ނަންބަރު/ފަރާތްތަކުގެ ނަންބަރު Road: _____ District: _____ ފަރާތްތަކުގެ ނަންބަރު ފަރާތްތަކުގެ ނަންބަރު Postal Code: _____ Atoll, Island: _____ ފަރާތްތަކުގެ ނަންބަރު ފަރާތްތަކުގެ ނަންބަރު	<input type="checkbox"/> National ID Card <input type="checkbox"/> Registration Certificate ފަރާތްތަކުގެ ނަންބަރު ފަރާތްތަކުގެ ނަންބަރު <input type="checkbox"/> Work Permit <input type="checkbox"/> Passport ފަރާތްތަކުގެ ނަންބަރު ފަރާތްތަކުގެ ނަންބަރު ID No. _____ ފަރާތްތަކުގެ ނަންބަރު Reg No. _____ ފަރާތްތަކުގެ ނަންބަރު Nationality: _____ ފަރާތްތަކުގެ ނަންބަރު Contact Name: _____ ފަރާތްތަކުގެ ނަންބަރު Contact No: _____ ފަރާތްތަކުގެ ނަންބަރު Email: _____ ފަރާތްތަކުގެ ނަންބަރު Fax: _____ ފަރާތްތަކުގެ ނަންބަރު
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Location of Risk: _____

Period of Insurance: _____

Has the machinery been insured Yes No

(a) Name of the insurer _____

(b) Nature of cover granted _____

(c) Whether the insurance is still current _____

Has any insurer in respect of the machinery you wish to insure or any other machinery you have had any interest in:

(a) Declined/Refused to insure you? Yes No

If yes, please give full details _____

(b) Increased your premium on renewal? Yes No

If yes, please give full details _____

Have you ever made a claim upon an insurer? Yes No

If yes, please give full details _____

Do you have any other machinery not included in this proposal? Yes No

If yes, please indicate which items are excluded and why? _____

Has your machinery sustained any damage from breakdown or other cause during last 3 years? Yes No

If yes, give details of damage(s). _____

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