



Allied Insurance Company

Proposal Form issued by:

## INSURANCE OF MONEY

**Money, i.e., Cash, Bank and Currency Notes, Cheques, Money Orders, Postal Orders and Current Postage Stamps, is insured against Loss whilst**

- (a) in transit between the Proposer's own Premises and the Bank or Post Office;
- (b) at the Proposer's own Premises provided that after Business Hours all Money is securely locked in a safe or strong room.

Crossed Cheques, Crossed Money Orders and Crossed Postal Orders are insured without charge for an amount of MVR 150,000 (or currency equivalent).

Cheques drawn by the Insured for obtaining Wages, Salaries and Petty Cash are also covered without charge, whilst in transit from the premises to the Bank.

The Policy does not cover radioactive contamination, war and kindred risks, shortages due to error or omission, losses due to fraud or dishonesty of the Proposer's employees not discovered within three working days, losses covered by a Fidelity Guarantee Policy and Losses from unattended vehicles.

Special provision may be made with the agreement of the Company to insure:

- (i) Money at other situations, e.g., at sites of contract or in the hands of collectors;
- (ii) Small amounts of Money other than Money for the payment of Wages, Salary and other Earnings kept under lock and key out of Business Hours elsewhere than in a safe or strong room.

Injury consequent upon assault to the Proposer or a partner or direct or employee of the Proposer (between 16 and 70 years of age) in an attempt to steal Money can be included in this Insurance for an additional premium of ten per cent subject to a minimum of MVR 10/- per person.

### BENEFITS:

Death or loss of one or more limbs or eyes.....MVR 10,000  
 Total disablement (up to 104 weeks) per week.....MVR 100

The general particulars given in this Prospectus are subject to the terms of the Policies by this Company. A specimen policy will be supplied on request.

Allied Insurance Company of the Maldives Pvt. Ltd. (C-43/84), Orchid, Ameeru Ahmed Magu, Male', 20095, Maldives

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Allied Insurance Company

**MONEY INSURANCE PROPOSAL FORM**

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Proposal no. \_\_\_\_\_

Policy no. \_\_\_\_\_

<input type="checkbox"/> Individual ފަރާތްތަކުގެ ނަންބަރު	<input type="checkbox"/> Company ޖަމާއަތުގެ ނަންބަރު	<input type="checkbox"/> National ID Card ރާއްޖޭގެ ރައްދިއްސާގެ ސަރުކާރުގެ ފައިލްކުރި ސަލާމަތުގެ ސަފުޔާ	<input type="checkbox"/> Registration Certificate ރާއްޖޭގެ ރައްދިއްސާގެ ސަރުކާރުގެ ފައިލްކުރި ސަލާމަތުގެ ސަފުޔާ
Occupation: _____ ދަނޫނުގެ ނަންބަރު		Nature of Business: _____ ޖަމާއަތުގެ ނަންބަރު	
Company/Office/Applicant's Name: _____ ޖަމާއަތުގެ ނަންބަރު/ޖަމާއަތުގެ ނަންބަރު/ފަރާތްތަކުގެ ނަންބަރު			
Date of Birth: DD MM YYYY ފަރާތްތަކުގެ ނަންބަރު		<input type="checkbox"/> Male ފަރާތްތަކުގެ ނަންބަރު	
		<input type="checkbox"/> Female ފަރާތްތަކުގެ ނަންބަރު	
Permanent Address (as in ID card): _____ ފަރާތްތަކުގެ ނަންބަރު (ރާއްޖޭގެ ރައްދިއްސާގެ ސަރުކާރުގެ ފައިލްކުރި ސަލާމަތުގެ ސަފުޔާ)			
Postal Address (fill below): _____ ފަރާތްތަކުގެ ނަންބަރު			
House/Building name: _____ ފަރާތްތަކުގެ ނަންބަރު			
Road: _____ ފަރާތްތަކުގެ ނަންބަރު		District: _____ ފަރާތްތަކުގެ ނަންބަރު	
Postal Code: _____ ފަރާތްތަކުގެ ނަންބަރު		Atoll, Island: _____ 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			

Covering cash, bank and Currency Notes, Cheques, Money Orders, Postal Orders and Current Postage, Stamps, all belonging to the insured or for which he has accepted responsibility against loss.

Trade Business: \_\_\_\_\_

Premises to which the Insurance is to apply, if more than one, state all: \_\_\_\_\_

Details of transits to and from the Bank or Post Office to the Premises:

(a) How far is the Bank or Post Office to the Premises? \_\_\_\_\_

(b) How is the journey made, e.g. on foot or by public or private conveyance? \_\_\_\_\_

(c) What is the number of adult males who undertake each journey to deposit or collect money? \_\_\_\_\_

(d) What special precautions are taken? \_\_\_\_\_

(e) How often is money banked? \_\_\_\_\_

Have you sustained a loss of the kind to be insured?  Yes  No

If so, give particulars: \_\_\_\_\_

Do you wish to insure against personal injury consequent upon assault by thieves:  Yes  No

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5. Has any insurer ever:

- (a) Declined your insurance or required a proposal to be withdrawn?  Yes  No  
 If yes, state name of insurer and give full details \_\_\_\_\_  
 \_\_\_\_\_
- (b) Cancelled or refused to renew your insurance?  Yes  No  
 If yes, state name of insurer and give full details \_\_\_\_\_  
 \_\_\_\_\_
- (c) Required an increase in premium rate or stipulated special conditions?  Yes  No  
 If yes, state name of insurer and give full details \_\_\_\_\_  
 \_\_\_\_\_

Money (excluding Crossed Cheques, Crossed Money Orders and Crossed Postal Orders) to be insured between the Premises and the Bank or Post Office:	Maximum amount in transit any one journey:	Estimated total amount in transit annually:
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Details of Safe and strong rooms and Money to be insured therein out of Business Hours. (The cost of repairing a safe of strong room damaged by thieves is included.) \_\_\_\_\_  
 \_\_\_\_\_

Date of purchase, New or Second-Hand:	Size, Weight and if marked Thief-Resisting:	Number of Keys and by whom held:	Cost of Safe:	Total Sum to be insured for Money:
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Is the Safe securely fixed?  Yes  No  
 If so by what means? \_\_\_\_\_  
 \_\_\_\_\_

Are the Premises in your sole occupation?  Yes  No  
 If not, please give details: \_\_\_\_\_  
 \_\_\_\_\_

Are the keys of all Safes removed from the Premises when the premises are closed for business?  Yes  No

If Money, other than Money for the payment of wages, salaries and other earnings is kept out of Business Hours in a locked receptacle other than safe or strong room the Company is prepared to consider insuring such Money up to a small amount. If such cover is required, please state:

- (a) Nature of receptacle: \_\_\_\_\_
- (b) Where kept in Premises: \_\_\_\_\_
- (c) Who holds the key: \_\_\_\_\_
- (d) The sum to be insured: \_\_\_\_\_

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.

انا / نحن نؤكد ان الاجابات والبيانات والجزئيات والمعلومات الاضافية اعلاه صحيحة الى اقصى حد من معرفتنا وادراكنا. انا / نحن نؤكد ايضا اننا قد افصحت كل المعلومات والحقائق التي قد تغير وجهة نظر المؤمن عليه من المخاطر، او تؤثر على تقييمه لتعرضاته التي يغطيها تحت السياسة. انا / نحن نوافق على ان هذا الاقتراح سيعمل كاساس للعقد وجزء من التأمين بيني / بيننا وبين الشركة.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only		
Rate:	Premium:	Agent's Name: