



Allied Insurance Company

MOTOR INSURANCE THIRD PARTY PROPOSAL FORM

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Proposal no. []

Policy no. []

Individual/Company, Occupation, Nature of Business, National ID Card, Registration Certificate, Work Permit, Passport, ID No., Reg No., Nationality, Contact Name, Contact No., Email, Fax, Permanent Address, Postal Address, House/Building name, Road, District, Postal Code, Atoll, Island.

Vehicle Details: Registry no., New Vehicle (Cycle, Car, Van, Jeep, Bus, Pickup, Lorry, Truck, Excavator, Crane, Forklift, Bouser, Dumper, Ambulance, Threewheeler), Others, Vehicle Usage (Private, Commercial).

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.

Applicant Name: [] Contact No.: [] Signature: [] Date: []

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.)

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