



Allied Insurance Company

Plant Machinery & Equipment Proposal Form

މަތިން ބަނޑު ފޯމު ފުރިހަމަކުރުމަށް ފުރުޞަތު ދޭނެ ގޮތަށް ފުރުޞަތު ދޭނެ ގޮތަށް ފުރުޞަތު ދޭނެ ގޮތަށް

Proposal no.

Policy no.

<input type="checkbox"/> Individual ފަރާތް ފޮތް	<input type="checkbox"/> Company ޖަމާއިއްޔާ	<input type="checkbox"/> National ID Card ދިވެހި ޔަބްރިދު	<input type="checkbox"/> Registration Certificate ނަންބަރު ފޮތް
Occupation: ދަތުރު ފަތުރު	Nature of Business: ޖަމާއިއްޔާ ފަތުރު	<input type="checkbox"/> Work Permit ފަތުރު ފޮތް	<input type="checkbox"/> Passport ފަތުރު ފޮތް
Company/Office/Applicant's Name: ނަންބަރު ފޮތް / ޖަމާއިއްޔާ ނަންބަރު ފޮތް / ފަރާތް ނަންބަރު ފޮތް		ID No. ނަންބަރު ފޮތް	<input type="text"/>
Date of Birth: ފަތުރު ފޮތް	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Reg No. ނަންބަރު ފޮތް	<input type="text"/>
Permanent Address (as in ID card): ފަތުރު ފޮތް (މާލެ ސަރަޙައްދު ފަތުރު ފޮތް)		Nationality: ފަތުރު ފޮތް	<input type="text"/>
Postal Address (fill below): ފަތުރު ފޮތް		Contact Name: ފަތުރު ފޮތް	<input type="text"/>
House/Building name: ފަތުރު ފޮތް		Contact No: ފަތުރު ފޮތް	<input type="text"/>
Road: ފަތުރު ފޮތް	District: ފަތުރު ފޮތް	Email: ފަތުރު ފޮތް	<input type="text"/>
Postal Code: ފަތުރު ފޮތް	Atoll, Island: ފަތުރު ފޮތް	Fax: ފަތުރު ފޮތް	<input type="text"/>

Period of Insurance:

Have the plant and machinery to be insured (partly or in total) been hired? Yes No
If so, please specify the owner's name and address

Do you wish the cover to include extra charges for Overtime, Night work, Work on public holidays? Yes No
Limit of indemnity for such extra charges MVR

Do you wish the cover to include inland transport? Yes No
If so, please specify

Maximum Value transported by one means of transport MVR

Specification of Plant, Machinery or Equipment

Description of item:

Year of Manufacture: Name of Manufacturer:

Type and Serial Number: Output: Replacement Value:

Description of item: _____ _____		
Year of Manufacture: _____	Name of Manufacturer: _____	
Type and Serial Number: _____	Output: _____	Replacement Value: <input style="width: 100px;" type="text"/>
Description of item: _____ _____		
Year of Manufacture: _____	Name of Manufacturer: _____	
Type and Serial Number: _____	Output: _____	Replacement Value: <input style="width: 100px;" type="text"/>
Description of item: _____ _____		
Year of Manufacture: _____	Name of Manufacturer: _____	
Type and Serial Number: _____	Output: _____	Replacement Value: <input style="width: 100px;" type="text"/>
Description of item: _____ _____		
Year of Manufacture: _____	Name of Manufacturer: _____	
Type and Serial Number: _____	Output: _____	Replacement Value: <input style="width: 100px;" type="text"/>
		Total Replacement Value: <input style="width: 100px;" type="text"/>

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: _____

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.)