



Allied Insurance Company

Public Liability Insurance Proposal Form

ދިވެހިރާއްޖޭގެ ޖުމްހޫރިއްޔަށް ޖެނެރަލް ލިއާބިލިޓީ އިންޝުރެންސް ޕްރޮޕޯޝަލް ފޯމް

Proposal no.

Policy no.

<input type="checkbox"/> Individual ފަރާތްކަން ފޯމް	<input type="checkbox"/> Company ޖަމާއިއްޔާ ފޯމް	<input type="checkbox"/> National ID Card ގައުމީ ޕްލާންޑް	<input type="checkbox"/> Registration Certificate ރަޖިސްޓްރޭޝަން ސެޓްޕްރިސެޕްޓް
Occupation: ބަނޑުގެ ވަޅުމާ	Nature of Business: ބަނޑުގެ ވަޅުމާ	<input type="checkbox"/> Work Permit ބަނޑުގެ ވަޅުމާ	<input type="checkbox"/> Passport ޕާސަޕޯޓް
Company/Office/Applicant's Name: ޖަމާއިއްޔާ/އިދާރާތަކާ/އިދާރާތަކާގެ ނަންމު		ID No. އި.ޖ.އ. ނަންބަރު	<input type="text"/>
Date of Birth: ފޯމްގެ ތާރީޚު	<input type="checkbox"/> Male މިނިސް	<input type="checkbox"/> Female އިސްތިއާތް	Reg No. ރަޖިސްޓްރޭޝަން ނަންބަރު
Permanent Address (as in ID card): އިދާރާތަކާގެ ފޯމްގެ ބަނޑުގެ ވަޅުމާ		Nationality: ގައުމީ	
Postal Address (fill below): ފޯމްގެ ބަނޑުގެ ވަޅުމާ		Contact Name: އިދާރާތަކާގެ ނަންބަރު	
House/Building name: ފޯމްގެ ނަންމު		Contact No: އިދާރާތަކާގެ ނަންބަރު	
Road: ރަސް	District: ދިޔާފަތް	Email: ފޯމް	
Postal Code: ފޯމްގެ ނަންބަރު	Atoll, Island: ދިޔާފަތް، ރާއްޖެ	Fax: ފޯމް	

Period of Insurance:

Details of Risk Premises

Risk Name:

Location of Risk:

Nature of Business/Premises:

<input type="checkbox"/> Dwelling (Residential)	<input type="checkbox"/> Hotelier	<input type="checkbox"/> Construction	<input type="checkbox"/> Others (Please Specify):
<input type="checkbox"/> Office	<input type="checkbox"/> Shop	<input type="checkbox"/> Warehouse	<input type="text"/>

Limit of Liability

Any One Occurrence:

Aggregate:

Jurisdiction:

<input type="checkbox"/> Republic of Maldives	<input type="checkbox"/> Worldwide excluding USA and Canada	<input type="checkbox"/> Worldwide including USA and Canada
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Territorial Limits:

Claims Trigger: Occurrence Calim Made

State the estimated turnover:

