



Allied Insurance Company

TRAVEL INSURANCE PROPOSAL FORM

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Proposal no.

Policy no.

Main form with fields for Individual/Company, Occupation, Nature of Business, National ID Card, Registration Certificate, Work Permit, Passport, Date of Birth, Male/Female, Permanent Address, Postal Address, House/Building name, Road, District, Postal Code, Atoll, Island, ID No., Reg No., Nationality, Contact Name, Contact No., Email, Fax.

Insurance details section including Period of Insurance, Travelling Visa Type (Normal/Schengen), Travelling to, Purpose of Trip, Type of Insurance Cover Required (Plan A/B, Medical/Package Policy), and a health declaration question.

Declaration section with English and Maldivian 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...' and signature/date fields.

Documents required with the Proposal (Passport copy) and a note: 'NOTE: If Schengen Visa 15 days will be added to the duration.'

Office use only section with fields for Rate, Premium, and 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.)

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

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