



Allied Insurance Company of the Maldives Pvt Ltd

#04-06 S.T.O. Trade Centre, Orchid Magu, Male', Republic of Maldives. Tel: (960) 32 46 12, Fax: (960) 32 50 35
email: info@alliedmaldives.com website: http://www.alliedmaldives.com

GROUP PERSONAL ACCIDENT INSURANCE

Our Personal Accident Insurance gives you time and money to make alternative arrangements for yourself, your family or your business if the persons insured are injured in an accident.

Basic Facts

Cover is available for most people aged between 16 and 60, and thereafter cover can normally be continued without revision until age 70. The amount of cover depends upon the number of insurance units or the amount of compensation you select please see 'Your Choice of Cover' below.

The cover operates 24 hours a day but there are some exceptions. We do not cover death or disablement caused by pre-existing conditions, effects of alcohol or drugs, war, riot, strike, civil commotions, intentional self-injury, pregnancy or childbirth. Certain activities such as motor cycling, winter sports, ice hockey, all types of football, polo, hunting, mountaineering, parachuting, hang-gliding, underwater activities, racing other than of foot, and using woodworking machinery driven by mechanical power are also excluded but cover can be arranged for some of these risks please see 'Optional Variations' overleaf.

Flying as a fare-paying passenger in a licensed passenger carrying aircraft is included.

Cost

This depends upon the results insured against, how much compensation you want for each and the employment or occupation of the person(s) to be insured. Simply check the Occupational Class against the relevant column below and multiply by the number of units or the compensation you require to find the annual premium cost.

Discounts may be given where a large group of persons is to be insured or where the insurance is to be restricted to accidents happening in the course of and arising out of the employment or occupation of the persons to be insured.

Examples of Occupational Classes

CLASS 1 - Persons engaged in professional, administrative, managerial, clerical and non-manual occupations generally.

CLASS 2 - Persons engaged in work of a supervisory nature and others not in Class 1 whose duties do not involve the use of tools or machinery or expose to them to any special hazard.

CLASS 3 - Persons engaged in manual work not of particularly hazardous nature but involving the use of tools or machinery.

If the person to be insured does not appear to be described in one of these classes please ask for a special quotation.

Your Choice of Cover

You can select the Result against which you wish to insure and the amount of compensation required, and the table below shows the annual cost for each unit of compensation:

Result	Unit of Compensation	Annual Cost		
		Class 1	Class 2	Class 3
A. Death	10,000.00	7.50	9.00	11.00
B. Permanent loss or disablement (please see notes overleaf):				
EITHER Scale 1	10,000.00	3.75	4.50	5.50
OR Scale 2	10,000.00	7.50	9.00	11.00
C. Temporary total disablement (per week)	100.00	16.00	21.00	26.75
D. Temporary partial disablement (per week)	50.00	9.00	12.75	15.75
E. Necessary and reasonable medical, surgical, hospital, nursing home and nursing fees or charges of (or approved by) qualified and registered practitioners. } your choice of	500.00	10.00	12.00	16.00
	1,000.00	14.00	18.00	22.00
	2,000.00	20.00	24.00	33.00
	3,000.00	25.00	32.00	41.00
	4,000.00	30.00	37.00	48.00
	5,000.00	35.00	42.00	54.00

If you prefer, the compensation can be related to salaries or wage. For example, for death or permanent disablement the compensation could be an amount equal to, say, 3 years remuneration of the person insured, or for weekly benefits the amount could be a percentage of

GROUP PERSONAL ACCIDENT INSURANCE PROPOSAL

AGENCY

Your are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know, otherwise the policy issued hereunder may be void.

It is important that a complete answer be given to every question.
If insufficient space is provided for your answers please continue on a separate sheet.

FOR OFFICE USE ONLY	DEBIT No.	DATE	ACCOUNT	POLICY NUMBER											
PROPOSER'S NAME															
PROPOSER'S POSTAL ADDRESS															
TELEPHONE No.															
FOR OFFICE USE ONLY	PREMIUM	STAMP	CHCK	D.T.I	TOTAL	C. PCT.	A.C.	NET	PRE	PL	RI	REC	BCH		
F															
R															
PROPOSER'S BUSINESS															
PERSONS TO BE INSURED, RESULTS AND COMPENSATION	PLEASE COMPLETE 'BENEFITS REQUIRED' OVERLEAF														
FOR OFFICE USE ONLY															
OPTIONAL VARIATIONS	<p style="text-align: center;">PLEASE TICK (✓) IF INSURANCE IS REQUIRED FOR ANY OF THE FOLLOWING VARIATIONS:-</p> <ol style="list-style-type: none"> 1. <input type="checkbox"/> COMPENSATION TO BE PAID TO A BENEFICIARY OTHER THAN PROPOSER 2. <input type="checkbox"/> INSURANCE WHILST PLAYING AMATEUR SOCCER 3. <input type="checkbox"/> INSURANCE WHILST PLAYING RUGBY UNION 4. <input type="checkbox"/> INSURANCE EXTENDED TO INCLUDE INJURY CONSEQUENT UPON RIOT OR STRIKE <input type="checkbox"/> OTHER VARIATIONS - PLEASE SPECIFY 														
PERIOD OF INSURANCE	FROM:							TO:							

QUESTIONS CONCERNING THE PERSONS TO BE INSURED

	TICK(✓) APPROPRIATE BOXES		IF YES, GIVE FULL DETAILS
	YES	NO	
1. ARE ANY PERSONS TO BE INSURED LESS THAN 16 OR MORE THAN 60 YEARS OF AGE?			
2. IS ANY MACHINERY OTHER THAN HAND TOOLS USED?			
3. DOES ANY PERSON TO BE INSURED ENGAGE IN ANY OF THE EXPECTED RISKS (SEE 'BASIC FACTS') OR ANY SPORT OR PASTIME NORMALLY REGARDED AS DANGEROUS?			
4. HAS ANY PERSON TO BE INSURED ANY PHYSICALS OR OTHER DEFECT OR WEAKNESS, OR SUFFERED ANY INJURIES, ILLNESSES OR DISEASES LASTING MORE THAN 7 DAYS?			
5. HAS ANY APPLICATION FOR LIFE, INJURY OR ILLNESS INSURANCE BEEN DECLINED OR SPECIAL TERMS IMPOSED?			
6. IS THERE ANY OTHER LIFE, INJURY OR ILLNESS INSURANCE IN FORCE OR APPLIED FOR IN RESPECT OF THE PERSONS TO BE INSURED?			
7. WHAT IS THE MAXIMUM NUMBER OF PERSONS TO BE INSURED WHO ARE LIKELY TO TRAVEL TOGETHER AN ANY ONE TIME?			

BENEFITS REQUIRED

INSERT NAMES OR NUMBER AND OCCUPATIONS AND DESCRIPTIONS OF PERSONS TO BE INSURED, USING APPROPRIATE CATEGORIES

1										
2										
3										
RESULTS	CATEGORIES DESCRIBED ABOVE									
	1			2			3			
	FIXED AMOUNT →	OR	NO. OF YEARS REMUNERATION	%	OF WEEKLY REMN.	FIXED AMOUNT →	OR	NO. OF YEARS REMUNERATION	%	OF WEEKLY REMN.
A. DEATH										
B. PERMANENT LOSS OR DISABLEMENT -										
SCALE 1 →										
OR										
SCALE 2 →										
C. TEMPORARY TOTAL DISABLEMENT (PER WEEK)										
D. MEDICAL EXPENSES FOLLOWING ACCIDENTAL INJURY										
ESTIMATED ANNUAL REMUNERATION OF ALL EMPLOYEES IN EACH CATEGORY										

DECLARATION: I / WE WARRANT THAT THE FOLLOWING STATEMENTS AND PARTICULARS ARE TO THE BEST OF MY / OUR KNOWLEDGE TRUE AND COMPLETE, AND THAT I / WE HAVE AN INSURABLE INTEREST IN THE LIFE OF THE PERSON TO BE INSURED, AND THAT THIS DECLARATION SHALL BE HELD TO BE PROMISSORY AND SHALL FORM THE BASIS OF THE CONTRACT BETWEEN ME / US AND THE ALLIED INSURANCE COMPANY OF THE MALDIVES PVT. LTD., AND I / WE ARE WILLING TO ACCEPT A POLICY SUBJECT TO THE TERMS, CLAUSES AND CONDITIONS PRESCRIBED BY THE COMPANY THEREIN.

Signature:

Date:

NOTE: NO INSURANCE IS IN FORCE UNTIL THIS PROPOSAL HAS BEEN ACCEPTED BY THE COMPANY.