



Allied Insurance Company of the Maldives Pvt Ltd

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INDIVIDUAL 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.

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 |

INDIVIDUAL PERSONAL ACCIDENT INSURANCE PROPOSAL

AGENCY

You 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 | | | | | | | | | | | | | |
| PERSON TO BE INSURED | NAME | | | | | | | EMPLOYMENT OR OCCUPATION | | | | | |
| | | | | | | | | | | | | | |
| RESULTS AND COMPENSATION REQUIRED | RESULT | | | | | | | AMOUNT OF COMPENSATION REQUIRED | | | | | |
| | A. DEATH | | | | | | | | | | | | |
| | B. PERMANENT LOSS OR DISABLEMENT:- EITHER SCALE 1 | | | | | | | | | | | | |
| | OR SCALE 2 | | | | | | | | | | | | |
| | C. TEMPORARY TOTAL DISABLEMENT (PER WEEK) | | | | | | | | | | | | |
| | D. TEMPORARY PARTIAL DISABLEMENT (PER WEEK) | | | | | | | | | | | | |
| E. MEDICAL EXPENSES FOLLOWING ACCIDENTAL INJURY | | | | | | | | | | | | | |
| OPTIONAL VARIATIONS | <p>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 | | | | | | | | | | | | |
| NAME OF BENEFICIARY | (PLEASE SEE NOTE (d)) | | | | | | | | | | | | |
| PERIOD OF INSURANCE | FROM: | | | | | | TO: | | | | | | |

