



Dhivehi Insurance Company Pvt. Ltd.
G. Maajehige Aage, 1st Floor, Daisy Magu
Male', 20129
Republic of Maldives
☎: (960) 3007799, 📠: (960) 3017788
✉: info@dhivehiinsurance.com
🌐: www.dhivehiinsurance.com

FOR OFFICE USE ONLY

**Proposal Form
Group Personal Accident**

Policy No.:
Proposal No.:
Intermediary:

A. PARTICULARS OF PROPOSER

| | | |
|---|---|------------------|
| Proposer's name: | | |
| ID No./Passport No./ Business Registration No.: | | Nationality: |
| Date of Birth: | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Proposer's correspondence address (in Block Letters): | | |
| | | Postcode: |
| Phone No. (Mobile): | Phone No. (Office): | Phone No. (Fax): |
| Email: | | |
| Contact Person & Designation: | | Phone No.: |
| Nature of Business or Profession/ Occupation | | |
| Period of Insurance(dd/mm/yy). From: | | To: |

B. PERSONS TO BE INSURED

1. Please give details of persons to be insured:

| Description | No. of Persons | Class Group |
|-------------|----------------|-------------|
| | | |
| | | |
| | | |

2. Are any persons to be insured less than 16 or more than 60 years of age? If YES, please provide details.

Yes No

D. DECLARATION

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer:

Date:

(If a Limited Company, give designation of signatory and affix company's rubber stamp)

N.B. Cover is provided subject to the Company's usual terms and conditions. A specimen copy of the policy wording is available on request. No cover is in force until this Proposal has been accepted by the Company.

E. INFORMATION

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.

1. 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 on foot and using woodworking machinery driven by mechanical power are also excluded but cover can be Flying as a fare-paying passenger in a licensed passenger carrying aircraft is included.

2. 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.

3. 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.

4. 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): | | | | |
| Scale 1 OR | 10,000.00 | 3.75 | 4.50 | 5.50 |
| 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 |

