



Dhivehi Insurance Company Pvt. Ltd.
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FOR OFFICE USE ONLY

**Proposal Form
Machinery Breakdown Insurance**

Policy No.:	<input type="text"/>
Proposal No.:	<input type="text"/>
Intermediary:	<input type="text"/>

A. PARTICULARS OF PROPOSER

Proposer's name:		
ID No./Passport No./ Business Registration No.:		Nationality:
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:		
Name of bank, financial institution or any other interested party		

B. GENERAL INFORMATION

Situation of the premises:	
2. Period of Insurance(dd/mm/yy). From: _____ To _____	
3. Sum Insured:	
Basic Cover:	<input type="text"/>
Deterioration of Stock:	<input type="text"/>
4. Has any of the machinery to be insured previously been covered by other companies? If YES, please provide details of which items and the name of the Insurance Company. <input type="checkbox"/> YES <input type="checkbox"/> NO	

5. Please give details of claims history for past 3 years

Year	Premium Paid	Claim Incurred	No. of Claims

6. Do you have any other machinery not included in this proposal? If YES, please indicate which items are excluded and why. YES NO

7. Do you wish to insure the foundations of the machinery? If YES, please state the relevant items of the specification. YES NO

8. Has your machinery sustained any damage from breakdown or other cause during the last 3 years? If YES, please give details of damage(s) and repairing cost. YES NO

C. MAINTENANCE OF MACHINERY

1. What arrangements are made for and who carries out the regular maintenance / inspection of the machinery?

2. Please provide details of last thorough examination of machinery:

Date	Name of person who carried out the examination
/ /	

3. Is the last statutory report / certificate up-to-date and satisfactory? Please attach copies.

D. ITEMS TO BE INSURED

1. Please give full description of all machines in column 2: including name of manufacturer, type, capacity, speed, load, weight, voltage, amperage, cycles, fuel, pressure, temperature, etc.

2. Replacement value in column 5 must be calculated on the current cost of replacing the machine by new machinery of same kind and capacity (inclusive of oil in the case of transformers and other electrical equipment) plus freight charges, custom duties, cost of erection.

3. If you also wish to cover the foundations, declare the value of foundations separately for each machine.

4. If any of the machines is a 'stand-by', the same should be identified.

No.	Description of Items	Year of Manufacture	Remarks	Replacement Value

E. 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.