



Dhivehi Insurance Company Pvt. Ltd.
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FOR OFFICE USE ONLY

Policy No.:

Proposal No.:

Intermediary:

**Proposal Form
Motor Insurance**

A. PARTICULARS OF PROPOSER

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

B. PARTICULARS OF VEHICLE

Registration no.:	Location of Use:
Type of Vehicle	Gross Vehicle Weight (GVW):
Manufacturer :	Purchase price:
Model No. :	Seating Capacity :
Engine No. :	Tonnage (Goods carrying vehicle) :
Engine CC:	Chassis No. :

Purpose of Vehicle

Social, domestic and leisure

Carriage of Goods

Carriage of passenger

Other , Please specify _____

Current market Price:

Depreciation:

Sum Insured (Current Market Price less depreciation considering Age of the Vehicle):

Depreciation will be calculated corresponding to the Age of Vehicle as provided below.

Age of Vehicle	Depreciation (%)
Not exceeding 6 Months	Nil
Exceeding 6 Months, but not exceeding 1 Year	5%
Exceeding 1 Year, but not exceeding 2 Years	10%
Exceeding 2 Years, but not exceeding 3 Years	15%
Exceeding 3 Years, but not exceeding 4 Years	20%
Exceeding 4 Years, but not exceeding 5 Years	25%
Exceeding 5 Years, but not exceeding 10 Years	30%

If the vehicle's age exceeds 10 years, depreciation percentage will be set through agreement between the insured and insurer.

Claim history in the last three year

Year	Insurer	Claim details	Amount (MVR)

C. VEHICLE HISTORY

Date of purchase(dd/mm/yy):	Please specify any malfunctioning noticed in the motor vehicle:
Condition of Vehicle when purchased:	<input type="checkbox"/> Brand New <input type="checkbox"/> Second Hand
Condition of Vehicle at present:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair
Name and address of previous insurer:	
Previous policy no.	
Period of previous insurance(dd/mm/yy):	To

D. COVERAGE

<input type="checkbox"/> Own Damage	<input type="checkbox"/> Fire and Theft only	<input type="checkbox"/> Towing disabled vehicles
<input type="checkbox"/> Third Party	Limit of Liability	<input type="text"/>

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.