

Overseas Travel Takaful Proposal Form

M.E./AGENT/BRANCH

POLICY NUMBER

Please note that no cover is in force until this proposal has been accepted by the Amāna Takaful (Maldives) PLC in writing and the Takaful contribution paid in full. (Refer Contribution Payment Warranty)

All questions must be fully answered. Benefits under the policy may not be payable in the event of non-disclosure or misrepresentation of material facts. Please complete in BLOCK CAPITALS throughout and tick (✓) boxes where appropriate.

1. Details of Primary Proposer.

(a) Name in full Dr. / Mr. / Ms. / M/S.

(b) Postal address

(c) Business/Occupation

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(d) NIC No.

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(d) Contact Details

Mobile

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E-mail

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2. Full Name of all other persons proposed to be covered (excluding for the Primary Proposer)

(i)	
(ii)	
(iii)	
(iv)	
(v)	

3. Cover Type

(a) Single Trip (covers only one overseas trip, but not exceeding 120 days stay)

(b) Multiple Trip (one year cover, but not exceeding 120 days overseas stay in total during the period of one year.)

4. Scheme required (refer schedule attached)

(a) Scheme 1

(b) Scheme 2

(c) Scheme 3

(d) Scheme 4

5. Period of Takaful Required.

from

Day	D	D
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 /

Month	M	M
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 /

Year	Y	Y	Y	Y
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 to

Day	D	D
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 /

Month	M	M
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 /

Year	Y	Y	Y	Y
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* Policy Renewal Date

6. Details of the journey

(a) From Maldives to

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(b) Other destination on rout

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(c) Purpose of visit

Please (✓) the relevant box

(a) Holiday <input type="checkbox"/>	(c) Conference/Seminar <input type="checkbox"/>	(e) Exhibitions/Trade fairs <input type="checkbox"/>
(b) Training <input type="checkbox"/>	(d) Study <input type="checkbox"/>	(f) Business <input type="checkbox"/>

(d) Other (Please specify).

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7. General Information

(a) Details of the medical treatment obtained during the last 12 months. (in respect of all persons to be covered). Please use separate sheet if necessary.

(i) Details of the sickness/illness

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(ii) Name and address of the Doctor (in respect above)

Dr.

Address

(iii) Name and address of the Family Doctor

Dr.

Address

(b) Have you or any person proposed for cover under this proposal ever made a claim under any accident, sickness, medical expenses or any other section of the certificate? Yes No

If 'Yes' please give particulars below.

(c) Has any insurance/Takaful company declined or imposed special terms for you or any person proposed under this proposal in respect of; life, accident, sickness, hospital expenses or travel insurance?

If 'Yes' please give particulars below.

Yes No

Medical History

Benefits may not be payable if you do not fully disclose any material facts which could influence our assessment and acceptance of this proposal. If you are in any doubt as to whether any fact are material, you should disclose them. This applies even if professional advice has not been sought. Example are; varicose veins ,allergies, backache, bunions, piles, gynaecological problems(including any irregularities of menstruation), any ear, nose or throat problem or any pains, swelling or lumps.

IMPORTANT

YOU ARE REMINDED OF THE NEED TO DISCLOSE ANY FACTS WHICH THE COMPANY WOULD TAKE INTO ACCOUNT IN THE ASSESSMENT AND ACCEPTANCE OF THIS PROPOSAL. IF YOU HAVE ANY DOUBTS AS TO WHETHER CERTAIN FACTS ARE RELEVANT PLEASE ASK YOUR INSURANCE/TAKAFUL BROKER OR AGENT OR AMANA TAKAFUL OFFICE. FAILURE TO DISCLOSE ALL RELEVANT FACTS MAY INVALIDATE YOUR CERTIFICATE OR MAY RESULT IN YOUR CERTIFICATE NOT OPERATING FULLY.

- The cover provided under this proposal is subjected to the terms and conditions of the Company's Travel Takaful Certificate.
- This Proposal is subjected to the 'Premium Payment Warranty'.
- Payments by cheque to be drawn in favour of Amāna Takaful (Maldives) PLC and crossed A/C payee. Cash payments should be made at Amāna Takaful (Maldives) PLC office. Amāna Takaful PLC will not accept responsibility for payments in other modes unless duly acknowledged by an official receipt of the Company.
- I/We hereby agree to submit copies of any one of the following document if requested by the Company.
 - Individuals-ID Passport, Driving License, Letter from a recognized public authority or public servant verifying the identity of the proposer.
 - Companies- Certificate of Registration.
 - Partnership Firms- Certificate of Registration, if registered, Partnership deed.
 - Trust & Foundations- Certificate of Registration, if registered, Power of attorney granted to transact business on its behalf, any official valid document to identify the trustees, settlers, beneficiaries and those holding power of attorney (founders, managers, directors).

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DECLARATION BY PROPOSER

I/We to the best of my/our knowledge hereby confirm that the statements contained in this proposal form are true and correct and I/We have not concealed, misrepresented or mis-stated any material fact. I/We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of Takaful with the Company and are deemed to be incorporated into the Takaful policy. I/We hereby agree that the Takaful contribution which I/We undertake to pay to Amāna Takaful (Maldives) PLC (the Company) as tabbarru (donation) be credited into the Participants Takaful Fund (PTF) for the Company to manage the various schemes of Takaful under the General Takaful Business and pay Takaful Benefits to the participants as expressed in the Terms and Conditions of this Takaful policy in accordance with the Waqf rules governing the PTF. I/We agree that the Company take a non-refundable up to 40% of the Takaful Contribution as their fees for managing the above Takaful Operations. I/We also agree that the Company invest the said fund in a manner deemed fit by the Company and the profit from investment if any be shared in proportion of 50% to the PTF and 50% to the Company on the basis of Al-Mudharaba. Losses if any will be borne solely by the PTF.

If there is a surplus from the fund after payment of benefits to any participant who shall be entitled to such benefits under the said Takaful contract and deducting the costs related to the fund, the same shall be distributed on pro rata among the participants, provided always that they have not incurred any claim and/or received any benefits under the said Takaful contract whilst the same is in force.

Date.

Day	
D	D

 /

Month	
M	M

 /

Year			
Y	Y	Y	Y

Proposer's Signature:
(Rubber stamp where applicable)