

Personal Accident Takaful Proposal

M. E. / AGENT	POLICY NUMBER
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Important

Cover will not be in force until this proposal has been accepted by the company in writing and the Takaful Contribution paid in full. (Refer Premium 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.

Proposer's Full Name (In Block Letters) Mr/Mdm/Miss (delete as necessary) Trading Name (If any)

Proposer's Full Address (in Block Letters)

Email

--

Fax No.

--	--

Contact Telephone No.

--	--

Handphone No.

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The Following Details Must Be Provided For The Person To Be Covered, Who Is Between 18 and 65 years of Age

Participant's Full Name (in Block Letters) Mr/Mdm/Miss (delete as necessary)

Relationship to the above

--

Participant's Age

--	--

years old

Date of Birth

--	--

date

--	--

month

--	--

year

Participant's ID No.

--

Participant's Full Address (in Block Letters)

E-mail

--

Fax No.

--	--

Contact Telephone No.

--	--

Handphone No.

--	--

Participant's Business or Profession(s)/Occupation(s) (if more than one) details must be given

--

Business Registration No.

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Takaful Required From

--	--

date

--	--

month

--	--

year

To

--	--

date

--	--

month

--	--

year

Beneficiary(ies) and Relationship to the Participant (if any)

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Amāna Takaful Maldives

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What's right ~ What's good
Amāna Takaful
 Insurance Redefined

1. Please tick the descriptions of work that apply to the person to be covered

- Superintending only
- Superintending and occasionally working manually
- Working manually
- Using machinery
- Not using machinery
- Clerical duties only

Height Weight

2. For what accidents or illness (other than common cold) have you consulted your doctor during the past 10 years? Give full particulars.

Nature of Accident or illness	Date	Duration

3. Have you
(a) any physical defect or infirmity? YES NO

(b) ill health of any description If so, give details. YES NO

4. Do you engage in
(a) any of the activities listed in Exception (7) and (11)? YES NO

(b) any other hazardous activities? If so, give details. YES NO

Note: If you wish to be covered whilst engaging in such activities special application must be made.

5. (a) Are you now covered against accidents? YES NO

(b) If so, state the name of your Takaful/Insurance Company and the benefits provided,

6. State cover now required

Amount of Coverage

(i) Benefit A (Death) (i) MRF

(ii) Benefit B (Permanent Disablement) (ii) MRF

(iii) Benefit C (Temporary Total Disablement not exceeding weekly earnings) (iii) MRF

(iv) Benefit D (Medical Expenses) . Cover not available separately (iv) MRF

Important

- (a) 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.
- (b) The cover provided under this proposal is subject to the terms and conditions of the Company's Personal Accident Takaful Certificate.
- (c) This proposal is subject to the 'Premium Payment Warranty'.
- (d) Payments by cheque to be drawn in favour of Amana Takaful (Maldives) Plc and crossed A/C payee. Cash payments should be made at Amana Takaful (Maldives) Plc. Amana Takaful will not accept responsibility for payments in other modes unless duly acknowledged by an official receipt of the Company.
- (e) I/We hereby agree to submit copies of any one of the following documents if requested by the Company.

1. Individuals

- i) ID ii) Passport iii) Driving Licence iv) Letter from a recognized public authority or public servant verifying the identity of the proposer

2. Companies

- i) Certificate of Business Registration

3. Partnership Firms

i) Certificate of Registration, if registered ii) Partnership deed

4. Trusts & Foundations

i) Certificate of Registration, if registered ii) Power of attorney granted to transact business on its behalf iii) Any official valid document to identify the trustees, settlers, beneficiaries and those holding power of attorney, founders, managers, directors

DECLARATION BY PROPOSER

I/We to the best of my / our knowledge hereby confirm that the statements contained in the 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 Takaful cover 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 Amana Takaful (Maldives) Plc (The Company) as tabarru (donation) be credited into the Participant's 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 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.

Date:

Day	Month	Year
D D /	M M /	Y Y Y Y

Proposer's Signature:
(Rubber stamp where applicable)

Personal Accident Certificate

The following is a synopsis of the Exceptions and Disability Scale provided by this Certificate

Exception

Permanent Disability

No payment will be made for death or bodily injury or medical expenses consequent upon

1. Any unlawful act of the participant or insured person or his wilful exposure to danger (other than in an attempt to save human life) suicide or attempted suicide or intentional self injury

2. Any pre-existing physical or mental defect or infirmity

3. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS and/or any mutant derivatives or variations thereof

4. Medical or surgical treatment except where such treatment is rendered necessary by bodily injury within the scope of the Certificate

5. The effect or influence (temporary or otherwise) of alcohol or drugs not prescribed by a qualified medical practitioner, general disease or insanity

6. Pregnancy or childbirth

7. Winter sports, rock climbing mountaineering (which requires the use of ropes or guides) pot-holing, skin-diving, parachuting, water skiing, football or Rugby football, hockey, polo, steeplechasing, big game hunting, or hunting other than on foot racing of any kind other than on foot, skating of any kind

1. Total and permanent disablement from attending to or following any employment or occupation	100%
2. Loss of two limbs	100%
3. Loss of both hands, or of all fingers and both thumbs	100%
4. Total loss of a sight of one eye or both eyes	100%
5. Total paralysis	100%
6. Complete and incurable insanity	100%
7. Loss of one arm at shoulder	100%
8. Loss of arm below shoulder	100%
9. Loss of hand at wrist	100%
10. Loss of one leg at hip	100%
11. Loss of leg below hip	100%
12. Loss of foot at ankle	100%
13. Loss of sight of eye except perception of light	50%
14. Loss of lens of eye	50%
15. Loss of four fingers and thumb of one hand	50%
16. Loss of four fingers	40%
17. Loss of thumb	both phalanges 25% one phalanx 10%
18. Loss of index finger	- three phalanges 10% two phalanges 8% one phalanx 4%
19. Loss of middle finger	- three phalanges 6% two phalanges 4% one phalanx 2%
20. Loss of ring finger	- three phalanges 5% two phalanges 4% one phalanx 2%

8. Flying as a member of an aircrew or in an aircraft for the purpose of any trade or technical operation therein or thereon or air travel other than as a passenger in any properly certificated or licensed power-driven aircraft constructed to carry passengers

9. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, mutiny, rebellion, revolution insurrection, military or usurped power riot or civil commotion

In any claim and in any action suit or other proceedings where the Company alleges that by reason of this Exception any death disablement or expenses is not covered by this Certificate the burden of proving that such death disablement or expenses is covered shall be upon the participant

10. Regular or temporary civil defence, air force, naval, military or police duties

11. Riding on a motor cycle, scooter, moped or mechanically assisted pedal cycle (whether as driver or passenger)

21. Loss of little finger - three phalanges 4%
two phalanges 3%
one phalanx 2%

22. Loss of metacarpals - first or second
- (additional) 3%
third, fourth or fifth

23. Loss of toes (additional) 2%
- all 15%
big, both phalanges 5%
big, one phalanx 2%

24. Permanent and Total other than big, if more than one toe lost, each 1%

Loss of hearing - both ears 75%
one ear 15%

25. Permanent and Total Loss of speech 50%

26. Any permanent partial disablement not specified above other than loss of sense of taste or smell - such percentage to be assessed by the Company as in the opinion of the Company's medical advisers is not inconsistent with the foregoing without regard to the Participant or insured person's occupation.

NB "Loss" of a limb or member or part thereof shall mean loss by actual physical severance or total and permanent loss of use

PERSONAL ACCIDENT TAKAFUL

CLASSIFICATION OF OCCUPATION

Class I Professional Administrative and Clerical classes generally, e.g. Architect, Consultant Engineers, Clerk, Dental Surgeon Doctor, land or Quantity Surveyor.

Class II Occupation of a superintending nature or which may involve occasional light manual work, e.g. Baker Surveyor (Building), Tradesman or Shopkeeper not using tools or machinery, Salesman.

Class III Occupation involving light manual work or the use of tools or light machinery (other than wood working machinery) e.g. Fishmonger, Motor Mechanic, Toolmaker.

Note: Proposers using woodworking or heavy machinery or in occupations involving work of a Heavy Manual or hazardous nature are outside these Classes. Proposals will be considered on receipt of full particulars.

NOTES ON COVER

COVER is world wide and includes flying as a passenger in any properly certified or licensed power driven aircraft constructed to carry passengers.

Weekly Compensation under Benefit(C) (Temporary Total Disablement) is payable for 52 weeks

Medical Expenses (Benefit D incurred in connection with an accident may be claimed whether disablement benefit is payable or not.