

Travel Pal – Proposal Form

<p>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 (X) boxes where appropriate.</p>	

1. Details of Primary Proposer

a) Name in full				
b) Postal Address				
c) Business/Occupation				
d) NIC/PP No.				
e) Contact Details	Phone		Email	

2. Full Name of all other persons proposed to be covered (attach sheets as necessary)

a)	
b)	
c)	
d)	
e)	

3. Cover Type

Single Trip (Single trip, not exceeding 180 days)	<input type="checkbox"/>	Multiple Trip (Annual cover, not exceeding 180 days)	<input type="checkbox"/>
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4. Choose The Required Scheme

Scheme 1	<input type="checkbox"/>	Scheme 2	<input type="checkbox"/>	Scheme 3	<input type="checkbox"/>	Scheme 4	<input type="checkbox"/>
Scheme 5	<input type="checkbox"/>	Scheme 6	<input type="checkbox"/>	Scheme 7	<input type="checkbox"/>		

5. Period of Takaful (insert required dates)

From		To	
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6. Details of the Journey

From Maldives to		Enroute	
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7. Purpose of the Visit

Holiday	<input type="checkbox"/>	Conference/Seminar	<input type="checkbox"/>	Exhibition/Trade Fair	<input type="checkbox"/>
Training	<input type="checkbox"/>	Study	<input type="checkbox"/>	Business	<input type="checkbox"/>
Others (please specify)					

8. General Information

a) Details of the medical treatment obtained during the last 12 months. (In respect of all persons to be covered).

i.	Have you completed 2 doses of vaccine	
ii.	Details of the sickness/illness Please use separate sheet if necessary	
iii.	Name and Address of the Doctor	
iv.	Name and Address of Family Doctor	

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	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you answered "Yes", please give particulars

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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?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If you answered "Yes", please give particulars

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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 facts are material, you should disclose them. This applies even if professional advice has not been sought. Example are; varicose veins, allergies, backache, bunions, piles, gynecological problems (including any irregularities of menstruation), any ear, nose or throat problem or any pains, swelling or lumps.

2

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 documents 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.

Declaration

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 based on 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	
Signature of Proposer(s) (Rubber stamp where applicable)	