

MOTOR COMPREHENSIVE TAKAFUL PROPOSAL FORM

M.E / AGENT / BRANCH

POLICY NUMBER

Please note that no cover is in force until this proposal has been accepted by Amana 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 PROPOSER(S)

(a) Name in Full / Trade Name : Dr. / Mr. / Ms. / M/S

(b) Postal address :

(c) Business Registration No. : (d) NIC No. :

(e) Business / Occupation :

(f) Contact Details : Contact Number : E-mail :

2. PERIOD OF TAKAFUL REQUIRED

From : / / To : / /

3. PARTICULARS OF THE VEHICLE TO BE COVERED

(a) Vehicle registered as : ☐ Motor Cycle ☐ Motor Coach ☐ Dual Purpose ☐ Others :

☐ Motor Car ☐ Motor Lorry ☐ Tractor

(b) Registration No: (g) Date of First Registration : / /

(c) Make and Model: (h) Year of Make :

(d) Engine No: (i) Seating Capacity :

(e) Chassis No: (j) Cubic Capacity :

(f) Present market value of vehicle : MVR (k) Fuel Used :

Value of extra fittings : MVR (l) If the vehicle was imported
Total value of vehicle MVR **0.00** duty free or with duty concession, MVR
(including extra fittings) such value.

(m) State Extra Fittings (other than the standard factory fitted items) - such as Air conditioners, Radio / Cassettes, Aerials, Hood Racks, for lamps, sun visors, Rim Embellishers, Alloy wheels, Power steering power operated windows or mirrors, Sun roof, etc.:

4. USAGE OF VEHICLE (please tick all uses if more than one)

(a) Private use only (not hired) ☐ (d) Carriage of Passengers ☐ (g) Public Transport ☐

(b) Hiring ☐ (e) Carriage of Goods ☐ (h) Driving Tuition ☐

(c) Rented or self-drive basis ☐ (f) Agricultural Purposes ☐

(i) Others (please specify)

5. GENERAL INFORMATION :

(a) Financial interest, if any:

State nature of interest:

Hire Purchase ☐

Lease ☐

Loan / Mortgage ☐

Name of financial institution: _____

(b) Have you made any claims during the past three years under any Motor Vehicle Certificate? YES ☐

NO ☐

If 'Yes', please give dates and a brief detail with amount.

(c) Is the vehicle at present free of accident or other damages?

YES ☐

NO ☐

(d) If you are entitled for a No Claim Bonus (NCB), please state the NCB percentage.

YES ☐

NO ☐

Please note that the entitlement letter must be attached.

NCB Percentage

%

6. ADDITIONAL COVERS

On payment of an additional Takaful Contribution, the certificate may be extended to cover the following risks.

(Please tick (✓) against the following extensions required.)

☐ (a) Personal Accident Benefit (PAB)

MVR

For: Full Seating Capacity ☐

Participant Only ☐

Driver Only ☐

☐ (b) Third Party Property Damage

MVR

☐ (c) Towing Charges

MVR

☐ (d) Air Bag Extension

MVR

No. of Air Bags

☐ (e) Special Windscreen Cover

MVR

☐ (f) Goods Cover

MVR

Type of Goods

☐ (g) Flood & Natural Disaster

MVR

☐ (h) Hiring Exclusion

MVR

☐ (i) Rent a Car Loading

MVR

☐ (j) Theft of Parts (only for Private used Dual purpose vehicles)

MVR

☐ (k) Strike, Riots and Civil Commotion

MVR

Extend For:

PAB ☐

Goods ☐

☐ (l) Legal Liability to Passengers (for full seating capacity, excluding driver)

MVR

☐ (m) No Claim Bonus Protection Cover

☐ (n) If you wish to bear a voluntary
Excess on all claims, state the amount

MVR 2,000/- ☐

MVR 5,000/- ☐

MVR 10,000/- ☐

Notes:

- Please stipulate amount per person in slabs of MVR. 2,500. Cover will be provided for death or permanent disability only.
- Please state the amount required (Not applicable for private cars as it is provided free) MVR.10, 000, MVR.30, 000, MVR.50, 000, MVR.100, 000.
- Please state the amount you require per passenger (Applicable to commercial vehicles only) MVR.1, 000, MVR.2, 000, MVR.5, 000, MVR.20, 000, MVR.50, 000.
- Please state the number of Air Bags and total value of the air bags.
- Hiring Exclusion - Lights, tyres, mudguards, paint work, buffer brackets, buffer aprons etc. are excluded on the comprehensive cover for vehicles used for hire. This could be included by an extra Takaful contribution subject to an excess MVR.100.
- Please stipulate amount per person in slabs of MVR. 2,500. Cover will be provided for death or permanent disability only.

IMPORTANT NOTES

It is hereby understood and agreed that if the motor vehicle is covered for a sum less than its market value at the time of insuring, if a loss or damage (be it partially or total) occurs during the Takaful period the participant shall be considered as being his own Takaful/Insurer and the difference shall be borne at the rateable proportion of the loss accordingly. This condition shall not apply unless the market value at the time of the loss exceeds the covered value of 10%.

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 Motor Takaful Certificate.
- This Proposal is subjected to the 'Premium Payment Warranty'.
- 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 office. Amana Takaful (Maldives) 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 Business Registration.
 - Partnered 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.

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 Amana Takaful (Maldives) PLC (the Company) as Tabarru (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: //

Proposer's Signature:

(Rubber stamp where applicable) _____

For Surplus refund purposes

Account Number : _____

Name of Account Holder : _____

Name of the Bank : _____

Proposer's Signature:
(Rubber stamp where applicable)

Unless otherwise you provide the above details and/or not reachable to deliver pay check/ not presented, I/we understand the amount will be provided as charity or credited back to the waqf fund should you not be reachable for a period of 30 days. I understand that I shall have no further claim to such surplus once it has been paid out in charity or credited back into the Waqf Fund.