

BURGLARY 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 : Mobile Number : E-mail :

Fixed Line : Fax :

2. PERIOD OF TAKAFUL REQUIRED

From : / / To : / /

3. FINANCIAL INTEREST ON PROPERTY TO BE COVERED (IF TO BE ASSIGNED)

4. DETAILS OF THE PREMISES PERTAINING TO PROPERTY TO BE COVERED

(a) Full Address of Premises Pertaining to Property to be Covered (if different from postal address) :

(b) Occupation of the building (please specify the trading involved. i.e. wholesale / retail / manufacturing etc.) :

(c) Are you the tenant, owner-occupier or non-occupying owner of the building?

Tenant ☐ Owner-occupier ☐ Owner ☐

(d) How long have you been occupying / conducting business in the premises?

(e) Do you and your employees / family live in the premises? YES ☐ NO ☐

If NO, will the premises be left unoccupied at any time? And if so, how long?

5. CONSTRUCTION OF THE BUILDING

(a) Please specify the material used to build the following :

(i) Walls : (iii) Internal Partitions :

(ii) Roof : (iv) State whether the upper floors are of concrete or timber :

(b) Do you have a watchman during the night? If YES, between which hours : YES ☐ NO ☐ to

(c) Do you have a burglary alarm system installed at your premises? YES ☐ NO ☐

If YES, please give details of type and make and whether it is regularly maintained :

6. PREVIOUS HISTORY

(a) Have you ever suffered a loss by burglary, housebreaking, robbery or theft on the premises to be covered or at any other premises during the last 3 years? If 'YES' give details below.

YES ☐ NO ☐

Date of Occurrence	Details of Loss	Amount Involved (MVR)

(b) Have you previously been covered against burglary?

YES ☐ NO ☐

(c) Has any Takaful / Insurance company in respect to Burglary Takaful :

(i) Declined your proposal?

YES ☐ NO ☐

(ii) Cancelled or refused to renew your certificate?

YES ☐ NO ☐

(iii) Required an increased Takaful contribution / premium on renewal?

YES ☐ NO ☐

If 'YES', please give particulars :

(d) Please state the total value of the contents presently covered and the sum covered thereon against Fire.

(i) Name of the Takaful / insurance company :

(ii) Value of Contents : MVR

(iii) Amount covered : MVR

7. GENERAL INFORMATION

(a) Do you and will you continue to keep a separate record of the stock and sales books?

YES ☐ NO ☐

Can these be posted promptly? (Not applicable for private dwelling and residential flats)

(b) How often is physical verification of stock and adjustment of book balances carried out?

(c) Is there a safe or strong room? If 'YES', give full particulars.

YES ☐ NO ☐

(i) Make name :

(ii) Dimensions :

(iii) Age :

(iv) Date of purchase :

(v) Whether fixed or movable :

(iv) Can the safe be opened by a single key or combination?

(d) Is a first loss sum required? If, 'YES' state percentage.

YES ☐ NO ☐ %

8. DESCRIPTION OF PROPERTY TO BE COVERED

A. BUSINESS PREMISES			FOR OFFICIAL USE	
Description	Declared Value (MVR)	First Loss Sum Covered (MVR)	Rate	Takaful Contribution (MVR)
(a) On Stock-in-trade the property of the proposer consisting of:				
	MVR	MVR	%	MVR
	MVR	MVR	%	MVR
	MVR	MVR	%	MVR
(b) On machinery, plant and equipment:				
	MVR	MVR	%	MVR
	MVR	MVR	%	MVR
	MVR	MVR	%	MVR
(c) On Goods held on trust or on Commission for which the proposer is responsible, consisting of :				
	MVR	MVR	%	MVR
	MVR	MVR	%	MVR
	MVR	MVR	%	MVR
(d) Others (please specify) :				
	MVR	MVR	%	MVR
	MVR	MVR	%	MVR
	MVR	MVR	%	MVR
TOTAL	MVR 0.00	MVR 0.00	0.00 %	MVR 0.00

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 Burglary 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. 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 benefit 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.

