

FIRE 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

Details of the premises pertaining to property to be covered must be given irrespective of the premises/building being covered or not.

(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) Is there any manufacturing process carried on therein? : YES ☐ NO ☐

If YES, please give details :

(f) Is or will there be any process involving the use of petrol, any solution containing petrol or any volatile liquids carried out in the premises or within 50 feet? : YES ☐ NO ☐

If YES, please give details :

(g) Nature of the goods stored in the premises :

(h) Are there any hazardous trades carried on or hazardous goods deposited / stored therein? : YES ☐ NO ☐

If YES, please give details :

(i) Is spray painting being carried out therein? : YES ☐ NO ☐

If YES, please specify whether it is carried out in a separate building :

5. CONSTRUCTION OF THE BUILDING (must be given irrespective of the Premises / Building being covered or not)

Please specify the material used to build the following :

- (a) Walls : _____
- (b) Roof : _____
- (c) Internal partitions : _____
- (d) Is there a basement? : YES ☐ NO ☐
- (e) How is the building lit? : _____
- (f) No. of floors : _____
(including basement and ground floor)
- (g) Is there any elevator(s) / escalator(s)? : YES ☐ NO ☐
- (h) Age of the building : _____
- (i) Floor area of the building : _____

6. IF THIS COVER IS ON MACHINERY :

- (a) Do you keep a proper and a updated inventory of the machinery? : YES ☐ NO ☐

7. IF THIS COVER IS ON STOCK :

- (a) Do you keep proper stock books and are they up to date? : YES ☐ NO ☐
- (b) How often do you check the stock books? : _____
- (c) Where do you keep the stock books? : _____

8. DETAILS OF ADJOINING / NEIGHBOURING PREMISES :

- (a) Is the building detached or semi-detached from adjoining premises? : Detached ☐ Semi-Detached ☐
- (b) If the building is attached to an adjoining premises, please specify the construction of the adjoined premises :
- (i) Walls : _____ (ii) Roof : _____
- (c) If building is detached, please indicate distance from other properties from all sides? :
- Right : ft. Left : ft. Front : ft. Rear : ft.
- (d) Please give details of occupations of neighboring premises (as applicable) :
- Right : _____ Left : _____
- Front : _____ Rear : _____
- (e) Does any of the trades carried out near the premises appear to increase the fire risk? : YES ☐ NO ☐
- If YES, please give details : _____

9. GENERAL INFORMATION :

- (a) Have you ever suffered any loss or made a claim on the risk now proposed, or on any other risk owned by you whilst trading in the above or any other names? YES ☐ NO ☐
- If YES, please give details of the claim(s) : _____
- (b) Had any insurance / Takaful cancelled, renewal refused, or special conditions imposed? YES ☐ NO ☐
- If YES, please give details : _____
- (c) Are you now or have you previously been covered against fire or any of the additional perils? YES ☐ NO ☐
- (i) Name of the Takaful / insurance company : _____
- (ii) Period of cover : // (iii) Amount covered : _____
- (d) Is the Premises / Building now proposed situated in a flood prone area or is there any history of flooding? YES ☐ NO ☐
- If YES, please give details : _____
- (e) Are there any circumstances connected with the premises which would increase the risk? YES ☐ NO ☐
- If YES, please give details : _____

(f) Will the proposed premises be unoccupied for more than 30 days continuously in a year?
If YES, please give details :

YES ☐ NO ☐

(g) What fire extinguishing appliances are installed within the premises? Please state type and quantity.

(h) Are these appliances regularly inspected?

YES ☐ NO ☐

10. DESCRIPTION OF PROPERTY TO BE COVERED AGAINST FIRE & LIGHTNING

Place (✓) against the appropriate basis (reinstated or market value) of the sum covered as applicable.

	Market Value	Reinstated Value	Sum covered (MVR / USD)
(a) Building, permanent fixtures, fittings including water installations and electric wiring for permanent lighting	☐	☐	
(b) Boundary fences and/or walls, gates, outer buildings, canopies etc.	☐	☐	
(c) Plant, machinery, & equipment (furnish inventory)	☐	☐	
(d) Electronic items & electrical items (furnish inventory)	☐	☐	
(e) Furniture & Effects	☐	☐	
(f) Stock in trade consisting of _____			
(g) Rent (_____ months)			
(h) Removal of debris			
(i) Architect / Surveyor fees etc.			
Please specify others :			
(j) _____	☐	☐	
(k) _____	☐	☐	
(l) _____	☐	☐	
(m) _____	☐	☐	
TOTAL AMOUNT TO BE COVERED			0.00

NB 1. Buildings standing apart from one another or not communicating internally must have separate sums covered upon each, and if stock or effects are contained in two or more distinct buildings, the sums covered thereon in each building must be specified.

NB 2. If Premises consist of more than one building, the sketch plan in the overleaf must indicate the various buildings properly.

11. ADDITIONAL COVERS / PERILS

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

Please tick (✓) against the extensions required.

(a) Aircraft damage	☐	(i) Malicious Damage	☐
(b) Earthquake	☐	(j) Spontaneous Combustion	☐
(c) Cyclone, Storm / Tempest	☐	(k) Electrical Fire Inclusion	☐
(d) Flood	☐	(1) With burn marks	☐
(e) Explosion	☐	(2) Without burn marks	☐
(f) Impact damage	☐	(l) Damage due to bursting or overflowing of pipes tanks and other apparatus	☐
(g) Riot & Strike	☐	(m) Others	
(h) Sprinkler Leakage	☐		

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 Fire 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 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.

GROUND PLAN



Amana Takaful
Insurance Redefined



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H. Palmayrah, Sosun Magu, Male'



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