



Dhivehi Insurance Company Pvt. Ltd.
G. Maajehige Aage, 1st Floor, Daisy Magu
Male', 20129
Republic of Maldives
☎: (960) 3007799, ☎: (960) 3017788
✉: info@dhivehiinsurance.com
🌐: www.dhivehiinsurance.com

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Policy No.:	<input type="text"/>
Proposal No.:	<input type="text"/>
Intermediary:	<input type="text"/>

Proposal Form Money Insurance

A. PARTICULARS OF PROPOSER

Proposer's name:		
ID No./Passport No./ Business Registration No.:		Nationality:
Proposer's correspondence address (in Block Letters)*:		
		Postcode:
Phone No. (Mobile) :	Phone No. (Office):	Phone No. (Fax):
Email:		
Contact Person & Designation:		Phone No.:
Nature of Business or Profession/ Occupation:		
Situation of premises:		
Period of Insurance(dd/mm/yy). From: To:		

B. MONEY WHILE IN TRANSIT

I/We wish to cover:	Indicate frequency of Money in transit (e.g. Monthly/Weekly/Daily)	Maximum amount in Transit at any one time (Limit of indemnity for any one occurrence)
Money whilst in Transit		
Estimated Annual Carrying Amount (MVR / USD)		
Money while in Transit directly from the premises to banks and vice versa		
Money while in transit directly from premises to customer's premises and vice versa		

Money while in transit directly from premises and/or bank to Director's premises and/or authorised personnel's premises and vice versa

Will Money insured be paid out on the day of receipt from the Bank? If NO, how long will it remain in your premises? YES NO

C. MONEY WHILE IN YOUR PREMISES

Item	I/ We wish to cover:	Limit of indemnity (any one occurrence) MVR/ USD
1	Money in premises kept in a locked drawers and/or locked cabinet during business hours	_____
2	Money in premises kept in a locked safe during business hours	_____
3	Money in premises kept in a locked drawer and/or locked cabinet after business hours	_____
4	Money in premises kept in a locked safe after business hours	_____

D. DETAILS OF SAFE

Make, Model and Year of Manufacture	Weight and thickness	Is safe fixed to the wall or floor of the building? If so, how?	Who hold the key and/or combination code?	Cost of Safe

E. EXTENSIONS

Please state if you require personal assault extension? If YES, please provide the required amount:

F. QUESTIONNAIRE

1. Has any insurer declined or required special terms to insure you or cancelled or refused to renew your Money Insurance? If YES, provide full details including date the name of the insurer. YES NO

2. Have you made a claim or suffered a loss from any of the risks now to be insured? If YES, provide full details including date the name of the insurer. YES NO

3. Are your employee who handle the Money insured under a Fidelity Guarantee Policy? If Yes, provide details including name of the insurer.

YES

NO

G. DECLARATION

I/We hereby declare that the above answers and statements are true, and that I/we have withheld no information whatever regarding this application.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

Signature of Proposer:

Date:

(If a Limited Company, give designation of signatory and affix company's rubber stamp)

N.B. Cover is provided subject to the Company's usual terms and conditions. A specimen copy of the policy wording is available on request. No cover is in force until this Proposal has been accepted by the Company.