



Application No: _____

Certificate No: _____

Group Personal Accident Takaful Application Form

މުބާރާތުގެ ތެރޭގައި ބައިވެރިވާ ފަރާތްތަކުގެ ނަންބަރު

<input type="checkbox"/> Individual ފަރާތްތަކުގެ ނަންބަރު	<input type="checkbox"/> Company ކުންފުނި	<input type="checkbox"/> National ID Card މި.ޔ.ޔ.ކާޑް	<input type="checkbox"/> Registration Certificate މި.ޔ.ޔ.ކާޑް ބަލާ ސެލްޕް
Occupation: ދަތުރުކުރާ ވަޅުމުގެ ނަންބަރު	Nature of Business: ވަޅުމުގެ ނަންބަރު	<input type="checkbox"/> Work Permit ވަޅުމުގެ ނަންބަރު	<input type="checkbox"/> Passport މި.ޔ.ޔ.ކާޑް
Company/Office/Applicant's Name: ކުންފުނި/އޮފީސް/އިތުރު ނަންބަރު		ID No. މި.ޔ.ޔ.ކާޑް ނަންބަރު	
Date of Birth: މި.ޔ.ޔ.ކާޑް ނަންބަރު	<input type="checkbox"/> Male މި.ޔ.ޔ.ކާޑް ނަންބަރު	<input type="checkbox"/> Female މި.ޔ.ޔ.ކާޑް ނަންބަރު	Reg No. މި.ޔ.ޔ.ކާޑް ނަންބަރު
Permanent Address (as in ID card): މި.ޔ.ޔ.ކާޑް ނަންބަރު		Nationality: މި.ޔ.ޔ.ކާޑް ނަންބަރު	
Postal Address (fill below): މި.ޔ.ޔ.ކާޑް ނަންބަރު		Contact Name: މި.ޔ.ޔ.ކާޑް ނަންބަރު	
House/Building name: މި.ޔ.ޔ.ކާޑް ނަންބަރު		Contact No: މި.ޔ.ޔ.ކާޑް ނަންބަރު	
Road: މި.ޔ.ޔ.ކާޑް ނަންބަރު	District: މި.ޔ.ޔ.ކާޑް ނަންބަރު	Email: މި.ޔ.ޔ.ކާޑް ނަންބަރު	
Postal Code: މި.ޔ.ޔ.ކާޑް ނަންބަރު	Atoll, Island: މި.ޔ.ޔ.ކާޑް ނަންބަރު	Fax: މި.ޔ.ޔ.ކާޑް ނަންބަރު	

Proposer's Business: _____

Persons to be covered, results and compensation: _____

PLEASE COMPLETE 'BENEFITS REQUIRED' OVERLEAF

QUESTIONS CONCERNING THE PERSONS TO BE COVERED		
	Please tick the appropriate box	If yes, give full details
1. Are any persons to be covered less than 16 or more than 60 years of age?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Is any machinery other than hand tools used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Does any person to be covered engage in any of the expected risks (see 'Basic Facts') or any sport or pastime normally regarded as dangerous?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. Has any person to be covered any physicals or other defect or weakness, or suffered any injuries, illness or diseases lasting more than 7 days?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Has any application for life, injury or illness Takaful been declined or special terms imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Is there any other life, injury or illness Takaful in force or applied for in respect of the persons to be covered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7. What is the maximum number of persons to be covered who are likely to travel together and any one time?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

BENEFITS REQUIRED

Insert Names or Numbers and Occupations and Descriptions of Persons to be covered, using appropriate categories

1	Management;					
2	Supervisor;					
3	Manual Workers;					
RESULTS	CATEGORIES DESCRIBED ABOVE					
	1		2		3	
	Limit	Number of People	Limit	Number of People	Limit	Number of People
A. DEATH						
B. PERMANENT LOSS OR DISABLEMENT- SCALE 1 OR SCALE 2						
C. TEMPORARY TOTAL DISABLEMENT (PER WEEK)						
D. MEDICAL EXPENSES FOLLOWING ACCIDENTAL INJURY						
ESTIMATED ANNUAL REMUNERATION OF ALL EMPLOYEES IN EACH CATEGORY						

Preferred Bank account number to transfer yearly Participants' Risk Fund Surplus

Bank Name <input style="width: 95%;" type="text"/>	Account Name <input style="width: 95%;" type="text"/>	Account Number <input style="width: 95%;" type="text"/>
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Note: Bank charges (if any) should be borne by the participant

DECLARATION BY TAKAFUL AGENT/BROKER OR SALES OFFICER

I hereby declare that all information contained in this application form are true and correct to the best of my knowledge and are the only information given to me by the applicant and I have not withheld any other information which might influence the acceptance of this application by the Takaful Operator.

... (Arabic text) ...

Agent Name: <input style="width: 90%;" type="text"/>	Agent Code: <input style="width: 90%;" type="text"/>	Signature: <input style="width: 90%;" type="text"/>
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Our Personal Accident Takaful gives you time and money to make alternative arrangements for yourself, your family or your business if the persons covered are injured in an accident.

Basic Facts

Cover is available for most people aged between 16 and 60, and thereafter cover can normally be continued without revision until age 70. The amount of cover depends upon the number of Takaful units or the amount of compensation you select please see 'Your Choice of Cover' below.

The cover operates 24 hours a day but there are some exceptions. We do not death or disablement caused by pre-existing conditions, effects of alcohol or drugs, war, riot, strike, civil commotions, intentional self-injury, pregnancy or childbirth. Certain activities such as motor cycling, winter sports, ice hockey, all types of football, polo, hunting, mountaineering, parachuting, hang-gliding, underwater activities, racing other than of foot and using woodworking machinery driven by mechanical power are also excluded but cover can be Flying as a far-paying passenger in a licensed passenger carrying aircraft is included.

Cost

This depends upon the results covered against, how much compensation you want for each and the employment or occupation of the person(s) to be covered. Simply check the Occupational Class against the relevant column below and multiply by the number of units or the compensation you require to find the annual premium cost.

Discounts may be given where a large group of persons is to be covered or where the Takaful is to be restricted to accidents happening in the course of and arising out of the employment or occupation of the persons to be covered.

Examples of Occupational Classes

CLASS 1 - Persons engaged in professional, administrative, managerial, clerical and non-manual occupations generally.

CLASS 2 - Persons engaged in work of a supervisory nature and others not in CLASS 1 whose duties do not involve the use of tools or machinery or expose to them to any special hazard.

CLASS 3 - Persons engaged in manual work not of particularly hazardous nature but involving the use of tools or machinery.

If the person to be covered does not appear to be described in one of these classes please ask for a special quotation.

Your Choice of Cover

You can select the Result against which you wish to insure and the amount of compensation required and the table below shows the annual cost for each unit of compensation:

Result	Unit of Compensation	Annual Cost		
		Class 1	Class 2	Class 3
A. Death	10,000.00	7.50	9.00	11.00
B. Permanent loss or disablement (please see notes overleaf):				
EITHER Scale 1	10,000.00	3.75	4.50	5.50
OR Scale 2	10,000.00	7.50	9.00	11.00
C. Temporary total disablement (per week)	100.00	16.00	21.00	26.75
D. Temporary partial disablement (per week)	50.00	9.00	12.75	15.75
E. Necessary and reasonable medical, surgical, hospital, nursing home and nursing fees or charges of (or approved by) qualified and registered practitioners.				
	500.00	10.00	12.00	16.00
	1,000.00	14.00	18.00	22.00
	2,000.00	20.00	24.00	33.00
	3,000.00	25.00	32.00	41.00
	4,000.00	30.00	37.00	48.00
	5,000.00	35.00	42.00	54.00

If you prefer, the compensation can be related to salaries or wage. For example, for death or permanent disablement the compensation could be an amount equal to, say, 3 years remuneration of the person covered, or for weekly benefits the amount could be a percentage of

Notes

(a) Benefit for Results B permanent disablement can be selected with either scale 1 OR 2, which would provide for the following percentages of the selected compensation to be paid

RESULTS	COMPENSATION PERCENTAGE	
	SCALE 1	SCALE 2
1. Total and permanent disablement from engaging in or attending to employment or occupations of any and ever kind	} 100%	100%
2. Total and permanent losses of all sights in one or both eyes		
3. Total loss by physical severance or total and permanent loss of use of		
(a) one or two limbs		
(b) one or both hands		
(c) arm above the elbow		
(d) arm at or below elbow	NIL	50%
(e) leg above knee		
(f) leg at below the knee	NIL	50%
4. Total and permanent loss of		
(a) sight in one eye except perception of light	NIL	50%
(b) lense of one eye	NIL	50%
5. Total loss by physical severance or total and permanent loss of use of		
(a) thumb and four fingers of one hand	NIL	50%
(b) four fingers of one hand	NIL	40%
(c) thumb (both phalanges)	NIL	25%
(d) thumb (one phalanx)	NIL	10%
(e) index finger (three phalanges)	NIL	15%
(f) index finger (two phalanges)	NIL	8%
(g) index finger (one phalanx)	NIL	4%
(h) middle finger (three phalanges)	NIL	10%
(i) middle finger (two phalanges)	NIL	4%
(j) middle finger (one phalanx)	NIL	2%
(k) ring finger (three phalanges)	NIL	8%
(l) ring finger (two phalanges)	NIL	4%
(m) ring finger (one phalanx)	NIL	2%
(n) little finger (three phalanges)	NIL	6%
(o) little finger (two phalanges)	NIL	3%
(p) little finger (one phalanx)	NIL	2%
(q) all toes of one foot	NIL	17%
(r) great toe (two phalanges)	NIL	5%
(s) great toe (one phalanx)	NIL	2%
(t) any other two	NIL	3%
6. Total and permanent loss of		
(a) hearing in both ears	NIL	75%
(b) hearing in one ear	NIL	15%
(c) speech	NIL	50%
7. Any permanent partial disablement not specified above other than loss of sense of taste or smell	NIL	SEE BELOW
RESULT B7 - SCALE 2 Such percentage to be assessed by the Company as in the opinion of the Company's medical advisors is not inconsistent with the percentages specified above and without regard to the Person-Covered's employment or occupation.		

(b) The aggregate of all percentages payable for Result B Permanent disablement in respect of any one accident shall not exceed 100%

(c) Weekly benefit for accidental injury is payable in addition to the lump sum benefits but would cease in the event of Compensation becoming payable for death or any disablement specified under Result B.

(d) When a group of persons is to be covered they can be described in categories should different benefits be required for parts of the group the group. If they are employees the Compensation can be related to their remuneration. In such cases it is not necessary to advise us of the remuneration of any one individual, and this has the added advantage that is also not necessary to advise us everytime a member of the group leaves or joins the group-cover can be given automatically if required.

Remuneration means the total remuneration paid by the Proposer to the persons covered during the twelve months immediately preceding the happening of the accident. Weekly Remuneration means Remuneration as defined above divided by fifty-two