



Application No: \_\_\_\_\_

Certificate No: \_\_\_\_\_

### MACHINERY BREAKDOWN TAKAFUL APPLICATION FORM

މާޔިތުގެ ބަލަވާ ފޯމް

Name ނަންމު	_____				Company ޔާމީނު	_____
ID no. އި.ޖ.އ. ނަންބަރު	_____				Registry no. ރިޖިސްޓްރީ ނަންބަރު	_____
Date of birth ފޯމުގެ ތާރީޚު	_____	<input type="checkbox"/> Male މިނިސްޏެރު	<input type="checkbox"/> Female އިސްޓްރީ	Contact name މުބާރާތުގެ ނަންމު	_____	
Occupation ވަޅުމުގެ ނަންމު	_____				Nature of business ވަޅުމުގެ ބަލަވާ	_____
Permanent address / Office ފޯމުގެ ބަލަވާ / ޔާމީނުގެ ބަލަވާ _____						
Postal address ފޯމުގެ ބަލަވާ						
	House/Building name ދަނޑުގެ ނަންމު	Road ރޯދު	District ދިސްޓްރިކްޓް	Postal Code ޕޯސްޓަލް ކޯޑް	Atoll/Island އަތޮލު/ކުޅުމާލެ	
Contact no. މުބާރާތުގެ ނަންބަރު	Fax ފެކްސް		Email އިމެއިލް		_____	

Location of Risk: \_\_\_\_\_

Period of Takaful: \_\_\_\_\_

Has the machinery been covered / insured before?  Yes  No

(a) Name of the Insurer / Takaful operator \_\_\_\_\_

(b) Nature of cover granted \_\_\_\_\_

(c) Whether the Insurance / Takaful is still in force \_\_\_\_\_

Has any Insurer / Takaful operator in respect of the machinery you wish to insure / cover or any other machinery you have had any interest in:

(a) Declined / Refused to insure / cover you?  Yes  No

If yes, please give full details \_\_\_\_\_

(b) Increased your premium / contribution on renewal?  Yes  No

If yes, please give full details \_\_\_\_\_

Have you ever made a claim upon an Insurer / Takaful operator?  Yes  No

If yes, please give full details \_\_\_\_\_

Do you have any other machinery not included in this application?  Yes  No

If yes, please indicate which items are excluded and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your machinery sustained any damage from breakdown or other cause during last 3 years?  Yes  No

If yes, give details of damage(s). \_\_\_\_\_

\_\_\_\_\_

