All Risk Insurance

Proposal form

Solarelle
INSURANCE

Completing the Proposal form

1. This proposal must be fully complete including all the required documents
2. It is a duty of prosper to disclose all the material facts, if it would influence the judgement of a prudent insurer.
3. Insurance is based on utmost good faith and in the absence of such good faith, Solarelle may treat your policy as if it never existed if the misrepresentation or your non-compliance with your duty of disclosure was fraudulent.
4. Solarelle assure for the Personal or Sensitive Information/s that we collect are secured from the proposer is secured. Without such Information Solarelle may not be able to process your application, administer your policy or assess your claims.
5. Solarelle may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

Personal Information

The Principal

Name of the Proposer: ______________________________

Address: ______________________________ Postal Code: ______________

ID/Passport No: ______________ Company registration No: ______________

Telephone: ______________ Fax: ______________ Email: ______________

Nature of Business: ______________________________

Name of the Mortgagee: (if assigned to other interested parties)

____

Marital Status:
Single ☐
Married ☐
Window ☐

Contact Name: ______________

Position: ______________

Mobile No: ______________

Email: ______________

Subject Matter:

Address;

Local: ______________________________

____

Foreign: ______________________________

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What purpose is the building/apartment used for?

Private Dwelling House ☐

Flat ☐

Hotel ☐

Boarding House ☐

Residential Apartment ☐

Is it left unoccupied?

Regularly by reason of absence for business purposes? Yes ☐ No ☐
On other occasions except for holidays, shopping visiting or recreation? Yes ☐ No ☐
If YES, state approximately for how long and how often?

What Precautions are taken at your usual residence for safeguarding the property to be insured?

Cover required:

Is cover required beyond the limits of Maldives? Yes ☐ No ☐
If YES, state where.

Period of Insurance: From:____________________ To:______________________________

General Information:

Is there any Insurance on the same property in force with this or other Insurance?
If YES, state the amounts and the names of the Companies: Yes ☐ No ☐

Does the proposer have an existing Third Party Liability policy which also covers the activities for which the present insurance is proposed? Yes ☐ No ☐
If YES, declare the Limits:

Has the insurance now proposed or any other insurance proposed by you been Declined, Cancelled or Increased your premiums on renewal by any Insurance Company:
If YES, explain: Yes ☐ No ☐

Have your jewellery been examined recently by a Jeweller? Yes ☐ No ☐
If YES, state the Name and Address of the Jeweller, and date when last examined:

Is photography equipment to be insured? Yes ☐ No ☐
If YES, is this used for business or professional purpose? Yes ☐ No ☐

Schedule:

	Detailed description of Property to be Insured	Value in MVR
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Please enclose with this Proposal any other additional information which you feel may be useful to the Company in assessing the risk

Politically Exposed Person (PEP) Declaration

Are you, or any beneficial owner, director, authorised signatory, or person acting on behalf of the proposer, a Politically Exposed Person (PEP), or a close associate or immediate family member of a PEP?

☐ Yes ☐ No

If "Yes", please provide full details: ____

Declaration

I/We hereby declare and warrant that the statements and particulars given in this Proposal Form are true, complete, and accurate to the best of my/our knowledge and belief, and that no material facts have been withheld or misrepresented.

I/We understand and agree that this Proposal Form, together with any supplementary information provided, shall form the basis of and be incorporated into the contract of insurance between myself/ourselves and the Insurer.

I/We further undertake to notify the Insurer immediately of any material alteration to the information provided before the commencement of the insurance or during the currency of the policy.

I/We acknowledge that any non-disclosure, misrepresentation, or fraudulent statement may render the policy voidable and may result in denial of claims.

I/We consent to the Insurer collecting, obtaining, verifying, and sharing relevant information and documents from or with reinsurers, loss adjusters, brokers, regulatory authorities, other insurers, or any other relevant parties for underwriting, risk assessment, claims handling, fraud prevention, recovery proceedings, and policy administration purposes.

(No insurance cover is provided until the above proposal is accepted and details of cover are confirmed in writing by Solarelle Insurance Private Limited)

Name of proposer: ____

Date: ________________________ Signature of proposer Company Stamp:

Office use only

Intermediary Premium / Rate: Special Condition: Broker / Agent / Sales Code: