BML INSURANCE

MORTGAGE PROTECTION PLAN PROPOSAL FORM
ڪڏيءَ ٻڌڻيءَ ٺاهڻ ۋڪ

Proposal no. | Policy no.

☐ Individual ھڪڙو ويڪرڊ
☐ Company ڪمپنيءَ

Occupation: _____ ڪيچوڏئي ڪمائي
Nature of Business: _____ وڏيرڪيءَ ڪم

Company/Office/Applicant's Name: _____
ڪمپنيءَ نالو/ آفيس نالو/ درخواست ڪندڙ نالو

Date of Birth: D D M M Y Y Y Y ☐ Male وڏو ☐ Female ننڍو
ڄمڻ ڏينهن

Permanent Address (as in ID card): _____
مستقل پتو (آئي ڊي ڪارڊ تي)

Current Address: _____
موجوده پتو

House/Building name: _____
گهر/عمارت جو نالو

Road: _____ روڈ
District: _____ ضلعو

Postal Code: _____ پوسٽل ڪوڈ
Atoll,Isand: _____ اٽول، ٻيٽ

☐ National ID Card آئي ڊي ڪارڊ
☐ Registration Certificate رجسٽريشن سرٽيفڪيٽ
☐ Work Permit ڪم جو اجازتنامو
☐ Passport پاسپورٽ

ID No. آئي ڊي نمبر
Reg No. رجسٽريشن نمبر

Contact Name: _____ رابطو ڪرڻ جو نالو
Nationality: _____ قوميت
Contact No: _____ رابطو ڪرڻ جو نمبر
Email: _____ ايميل
Fax: _____ فيڪس

Marital Status: شادي جو حيثيت
☐ Single ڪنوارو
☐ Married شادي شده
☐ Divorced طلاق ورتل
☐ Widow بيوه

Nature of Work (Please tick whichever is applicable)
ڪم جو نوعيت (جو لاڳو ٿئي ٿو ان تي نشان لڳايو)

☐ Engaged in professional, administrative, managerial, clerical and non-manual occupations
پيشه ورانه، انتظامي، ڪلرڪي ۽ غير دستي ڪم ۾ مصروف

☐ Engaged in work of supervisory nature but not involved in manual labour
نگراني جو ڪم پر دستي مزدوري نه

☐ Engaged either occasionally or generally in manual work which involves the use of tools or machinery
اوزارن ۽ مشينري جو استعمال ڪندي دستي ڪم ۾ مصروف

Benefits Required
گهرجون فائدا

Plan of assurance : _____ WP/NP
سرڪاري ڪنٽرول فائدا
With effect from: _____
فائدا ڪهڙي تاريخ کان

Sum assured: _____ ڪوريج جي رقم
Term: _____ ڪوريج جي مدت
Premium amount: _____ پريميم رقم

Frequency of premium payments: پريميم ادائگي جي تعداد
☐ monthly هر مهينو
☐ quarterly هر ٽن مهينا
☐ half yearly هر ڇهه مهينا
☐ yearly هر سال
☐ single هڪ ڀيرو

Mode of premium payment: پريميم ادائگي جو طريقو
☐ Cash نقد
☐ Cheque چيڪ
☐ Bank order بينڪ آرڊر
☐ Salary deduction تنخواه مان ڪٽڻ
☐ Internet banking انٽرنيٽ بينڪنگ

Family History

ތާރީخُ ބަންދުވެ

Have you previously made any life proposal with Allied? ؟ ڇڻ ناعيش ءَخَمِءَش عَمِڤ ڤُڈَہْ ںَںَںِشْھُ؟	Yes ☐ ؟	No ☐ ںَںْش

Family history ؟ ڤَمِڤُڈَ ںَمْڈُںَھُ	Age if living ؟ ھَڈُںَ	State of health ؟ ںِہْبِ ںَڭَمُھُ	Age at death ؟ ںِڭَمُھِ ھَڈُںَ	Cause of death ؟ ںِڭَمُھِ ںَھَھَھْ
Father ؟ ھَہْڤَ				
Mother ؟ ںَںْمَ				
Brothers ؟ ءَہْھَںَںْ ڤِںِںَںْ				
Sisters ؟ ءَہْھَںَںْ ءَںْںَںْ				

Personal History

ءِںْشُہْءَں ںَںَڭُ ڤَںَڭُڈَ ںَہْںَ ںَںَںْدُںَھُ

Height: _____ cm ؟ ءِںْںَںَڭُ ںَمْ
Weight: _____ kg ؟ ھَںَڭَںَش ںَمْ
How many cigarettes do you smoke daily? _____ ؟ ڤَںْشُڤَھُڈَ ءِںْھُءِڤَںْدَھُ ںَںَںَھْڤُھُ ںَںَںَھْڤُںَںَ، ڤَںْڤُھَںَڈُ ںِھَڤَہْ ںِںَڤِ ںَںَڭَھْ ھَںْںَںْںَںَھْڤُںَںْھُ؟

Name and address(Clinic/Hospital) of your usual medical attendant: _____
؟ ڤَہْڈُںَںْش ڤَںَڤُڈَ ءَںْںَھَڈُڈَ ںَڭَڤِ ںَںِںِںْ/ ںَںْھُڤَڭُھُ

Has been attendant for _____ years ؟ ڈَھِڤُڈَ ڤَںْشُںْڤُھُ ءَںْںَھَڈُںَ ڤَںَڤُںَھُڤُھِ ںَہْڤَڭُھُ
Date of last visit: _____ ؟ ھَںْشُڈُ ڤَںْش ءَںْںَھَڈُںَش ڤَںَڤُںِ ھُڤِںْ

Reason for last visit: _____
؟ ھَںْشُڈُ ڤَںْش ءَںْںَھَڈُںَش ڤَںَڤُںِ ںَھَھَھْ

a. In addition to the visit mentioned above have you consulted any other medical practitioner (please give name) during past five years? ں. ڈَھِڤُڈَ ڤَںْشُںْڤُھُ ءَںْںَھَڈُںَش ءَںْںَھَڈُںَش ھُڤُھُڤُںِںَ ڤَںَڤُڈَ ھَںَںَڈُڈَ ںَہْڈُںَھُڤُھِ ڤَںَڤُںَھُںْھُ؟ (ںَڭَڤُھِ ءَںْءَںَش ءَںَڤِ ںَھَھَھْ ءَڤَںْںَھُ) Yes ☐ ؟ ھَںْش No ☐ ںَںْش

If Yes give full particulars: _____
؟ ھَںَںَںْ ںَڭَڈَ ءِھُںَڈَ ھَڤْںِںْھُ

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b. Have you ever attended hospital for treatment, operation or investigation or had any x-ray? ں. ءَہْڈُھُںْ ءِںَڭَہْڈَھِ ڤَںَڤُںَںَںَڈَش، ھَںْںِڤُھَڤُ ںَڭَڈَش ںَڭَھَھَ ءَںَںْںُ-ںَڭَ ءَہْ ںَڭَڈَش ںَںْھُڤَھُڤُںَش ڤَںَڤُںِںْھُ؟ Yes ☐ ؟ ھَںْش No ☐ ںَںْش

If Yes give full particulars: _____
؟ ھَںَںَںْ ںَڭَڈَ ءِھُںَڈَ ھَڤْںِںْھُ

c. Have you ever suffered from any of the following?
ں. ھِںِڤَڈَ ڈِڤَںْشَڭَ ءَہْڈُھُںْ ںَڈَہْ ھَںَہْڈَڈَ ںَںَہْڈَھُش ڤَںِںَڤَءَڤِںْشُںْھُ؟

1. Bronchitis, asthma or any other complaint of the lungs or respiratory system. Yes ☐ ؟ ھَںْش No ☐ ںَںْش
1. ھَںَںْشُںَءِڤِںْ، ںَڭَںَںِڤُںْش ںَڭَھَ ںَڭَڭَ ںِںَڭُڈَ ءَہْڈُھُںْ ھَہْںَہْ؟

If Yes give full particulars: _____
؟ ھَںَںَںْ ںَڭَڈَ ءِھُںَڈَ ھَڤْںِںْھُ

2. a. Any form of heart or circulatory trouble or disorder of the stomach or bowels hemorrhage, fainting or fits? Yes ☐ No ☐
b. Are you a beta Thalassaemia carrier?

ހ. ހިއުގެ ބަންދުވުމުގެ ބަންދުވުން ބަންދުވުން ބަންދުވުން ބަންދުވުން ،ބ. ،ބ. ،ބ. ،ب. 2.

ب. ،ب. ،ب. ،

11. Stroke High or Low blood pressure? Yes ☐ No ☐

ދ. ؟ ،ؠ ،ؠ ،ؠ

e. Has any Insurance company ever requested any additional premium or postponed or declined a proposal for life assurance on your life? Yes ☐ No ☐

ه. ،ﷺ ،ﷺ ،ﷺ

Beneficiaries (If any)

ھۮۯۭۺۯ ۺۯۏۯ ڳڕۭۺۭ ۋڕ ۇڕۭ ڄۭۺۭ ۋڕۭ ڳڕۯۯۯ

Name: ـــــــ