



Proposal Form

Branch

M.E/Agent:

Code:

Section I: Proposer

1. Name of Proposer : _____

2. NIC No. of Proposer : _____
3. Address : _____

4. Contact No. : _____ e-mail: _____

Section II: Insured (Beneficiary) – Entry age limit 55 years to 73 years

5. Name of person to be covered : _____

6. Relationship to Proposer : _____
7. Date of birth of person to be covered : _____
8. NIC No. of the person to be covered : _____

9. Address of the person to be covered : _____

10. Contact No. : _____ e-mail: _____

Section III: Health Status

11. Is the person to be covered undergoing any treatment or suffering from any ailment/pre-existing condition or sickness?

* Please write YES/NO in the box:

If yes, please give details (ailment/s – date of commencement of ailment/s). Please declare All pre-existing ailments/sicknesses, if any:

12. When did the person to be covered, last visited a Doctor and for what ailment?

Date: _____ Doctor: _____ Ailment: _____

Date: _____ Doctor: _____ Ailment: _____

13. Has the person to be covered, been hospitalized during the past 10 years? YES / NO

If yes, please give details, including copy of diagnosis card of the last treatment and relevant records:

- We will revert, if further information is required.

Section - IV: Cover Details & Selection of Cover

(LKR)

Details	Scheme 1	Scheme 2	Scheme 3	Scheme 4	Scheme 5
Annual Sum Cover	100,000/-	200,000/-	300,000/-	500,000/-	1,000,000/-
Pre-existing limit per annum (Covered from 2 nd year onwards)	100,000/-	200,000/-	300,000/-	350,000/-	400,000/-
Maximum room limit (Per day for 21 days annually)	5,000/-	6,000/-	7,000/-	9,000/-	12,000/-
Ambulance charges per event	2,000/-	2,500/-	3,000/-	5,000/-	7,500/-
Non paying ward – per day – for 21 days for annually	2,000/-	2,500/-	3,000/-	3,500/-	4,000/-
Outside drugs/tests whilst in non-paying ward	2,000/-	3,000/-	4,000/-	10,000/-	15,000/-
Home Nursing allowance Per day - max 10 days annually	1,250/-	1,500/-	1,750/-	2,500/-	3,500/-
Special wheel chair grant Life time limit	10,000/-	10,000/-	10,000/-	15,000/-	
Cataract and related ailments sub limit (Covered from 2 nd year)	30,000/- life time limit			50,000/- life time limit	
Deductible on each claim	10%	10%	10%	10%	10%
Annual Contribution	15,000/-	30,000/-	45,000/-	70,000/-	125,000/-
Deductible on each claim	20%	20%	20%	20%	20%
Annual Contribution	12,000/-	24,000/-	36,000/-	55,000/-	100,000/-

The above contributions are inclusive of all Taxes

Special Notes:

*OPD Charges are not payable

*Dental treatments are not covered

*Ayurvedic treatments are not covered

*Self-inflicted injuries are not covered

*Aids and illnesses due to alcoholism is not covered

*Waiting period 30 days (excluding accidental injuries)

I/We to the best of my/our knowledge hereby confirm that the statements contained in the proposal form are true and correct and I/We have not concealed, misrepresented or mis-stated any material fact. I/We agree that the statements and declaration contained in this proposal form shall be the basis of the contract of Takaful with the Company and are deemed to be incorporated in the contract.

I/We hereby agree that the Takaful contribution which I/We undertake to pay to Amana Takaful PLC (The Company) as tabarru (donation) be credited into the Takaful fund for the company to manage the various schemes of takaful under the General Takaful business and pay Takaful benefits to the Participants as expressed in the terms and conditions of this Takaful contract. I/We agree that the Company take a non refundable 10% of the Takaful contribution as their fees for managing the above Takaful operations. I/We also agree that the company invests the said fund in a manner deemed fit by the company and the profit from investment if any be shared in a proportion of 50% to the Takaful Fund and 50% to the company on the basis of Al-Mudharaba. Losses if any will be borne solely by the Takaful Fund.

If there is a surplus from the fund after payment of benefits to any participant who shall be entitled to such benefits under the said Takaful contract and deducting the cost related to the fund, the same shall be distributed on pro rata among the participants, provided always that they have not incurred any claim and/or received any benefits under the said Takaful contract whilst the same is in force.

.....
Signature of Person to be Covered

.....
Signature of Proposer

For Office Use Only	
..... Authorized Signatory Date:	Underwriting comments

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