

Branch	ME/Agent	Code
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**Section I : Proposer** \_\_\_\_\_

1. Name of proposer : \_\_\_\_\_
2. NIC No. of proposer : \_\_\_\_\_
3. Address : \_\_\_\_\_
4. Contact No : \_\_\_\_\_ email : \_\_\_\_\_

**Section II : Insured (Beneficiary)** \_\_\_\_\_

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 (Give a land mark) : \_\_\_\_\_
10. Contact No : \_\_\_\_\_ email : \_\_\_\_\_

**Section III : Health Status** \_\_\_\_\_

- 11. When did the person to be covered, last visit a Doctor and for what ailment?**
- Date : \_\_\_\_\_ Doctor : \_\_\_\_\_ Ailment : \_\_\_\_\_
- Date : \_\_\_\_\_ Doctor : \_\_\_\_\_ Ailment : \_\_\_\_\_

- 12. Is the person to be covered undergoing any treatment or suffering from any ailment?**
- \* Please write YES / NO in the box
- If yes, please give details, (ailment / s - date of commencement of ailment / s):
- \_\_\_\_\_
- \_\_\_\_\_

- 13. Has the person to be covered, been advised to get hospitalized during the past 10 years?**
- \* Please write YES / NO in the box.
- If yes, please give details:
- \_\_\_\_\_
- \_\_\_\_\_

- 14. What is the Blood Group of person to be covered?\*** \_\_\_\_\_ (Optional ; for Ambulance)



## Section IV : Cover Details & Selection of Cover

Detail	Scheme 01	Scheme 02	Scheme 03
<b>Annual Sum Insured</b>	<b>Rs. 100,000.00</b>	<b>Rs. 200,000.00</b>	<b>Rs. 300,000.00</b>
Entry Age Limit	73	73	73
Minimum Age	55	55	55
Pre Existing Ailments	Covered only from 2nd Year		
Maximum Room Limit per day for 21 days annually	Rs. 5,000.00	Rs. 6,000.00	Rs. 7,000.00
Ambulance Charges per event	Rs. 2,000.00	Rs. 2,500.00	Rs. 3,000.00
Non Paying Ward - per day for 21 days annually	Rs. 2,000.00	Rs. 2,500.00	Rs. 3,000.00
Outside drugs/tests whilst in Non Paying Ward	Rs. 2,000.00	Rs. 3,000.00	Rs. 4,000.00
Home Nursing allowance per day for 10 days annually	Rs. 1,250.00	Rs. 1,500.00	Rs. 1,750.00
Special Wheel Chair grant	Rs. 10,000.00	Rs. 10,000.00	Rs. 10,000.00
Cataract Limit	Rs. 30,000 life time limit after 01 st Year		
<b>Deductible on each claim</b>	<b>10%</b>	<b>10%</b>	<b>10%</b>
<i>Price</i>	Rs. 15,000.00	Rs. 30,000.00	Rs. 45,000.00
Please tick the required scheme			

### 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 - 30days (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

Date: \_\_\_\_\_

FOR OFFICE USE ONLY	කාර්යාල භාවිතය සඳහා පමණි	அலுவலக பாவனைக்கு மட்டும்
Underwriting Comment / රැස්කොටුවේ අදහස් / විශේෂ කුறிப்புகள்		
Authorised Signatory බලපොලොව අත්සන அதிகாரபூர்வ கையொப்பம்		
Date / දිනය / திகதி		



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