Allied Insurance Company
of the Maldives Pvt Ltd

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Fax: (+960) 689 1035

email: info@alliedmaldives.net | website: www.alliedmaldives.com

Health Insurance
Card Replacement Form

Details of Insured

Company Name:

Policy Number:

Details of Card Holder

Name:

Health Card No.

Staff ID.

National ID No.

Phone No.

Please Fill if card holder is Dependent

Name of Staff:

Health Card No.

Staff ID.

National ID No.

Phone No.

Reasons for Replacement (Please Tick the following)

☐ Lost or Damaged

☐ Error in Details

☐ Change in Details

☐ Others (Please specify)

Lost cards and cards requiring change of the details will be charged MRF 100 which must be paid when collecting the card.

Cards that need to be remade due to error by Allied will be replaced for free.

Please specify the change in details

Passport size photo submitted ☐

For Office use only

Debit note number

I/WE DECLARE the forgoing particulars to be true and correct and undertake to render every assistance in my/our power in dealing with the matter. I have completely filled the form and enclosed all the necessary documents.

Signature

Date