

Malpractice liability insurance proposal form for Chinese medicine practitioner

中醫師醫療責任保險投保書

Note 注意：

- I. This Proposal Form forms basis of the Policy. Please give a full reply to each question.
保險合約將以此申請書所填寫之資料為基礎。請詳細回答每一條問題。
- II. The application will not be considered unless the Proposal Form is submitted within 45 days prior to the policy effective date.
此投保書，於保單生效日前45天內，一併遞交予本公司，否則此申請將不獲考慮。

Please tick the appropriate boxes 請 ✓ 在適當位置

Must be the same as shown on HKID (必須與香港身份證相同)

Proposer Name (必須填寫)	投保人中文姓名	Male 男 <input type="checkbox"/> Female 女 <input type="checkbox"/>
Date of Birth (DD/MM/YYYY) 出生日期 (日/月/年) Please select 請選擇	Chinese Medicine Practitioner Registered Number 註冊中醫編號	Mobile Number 手提號碼

Email 電郵

Postal Address 郵寄地址 (只接受英文填寫)

Clinic Address 工作地址 (Please list all Clinic Address(es) 請列出所有工作地址) (只接受英文填寫)

Section 1 第一部分: Coverage 保障

Note 注意 :Coverage is limited to medical services directly provided by the Insured only. 此保單只保障受保人直接提供之醫療服務

Limit Options 所需保額

Please select 請選擇

- | | |
|---|--|
| 1. General Consultation 中醫全科(方脈)
(Not including dispensation) (不發出配劑) <input type="checkbox"/> | 2. General Consultation 中醫全科(方脈)
(Including dispensation) (發出配劑) <input type="checkbox"/> |
| *Including general consultation and prescription
*包括中醫診斷 及處方 | *Including general consultation, prescription,
oral administration and external use
*包括中醫診斷, 處方及發出內服 外用之配劑 |
| 3. General Consultation, Bone-setting &/or Acupuncture 中醫全科, 針灸科及骨傷科
(Including dispensation) (發出配劑) <input type="checkbox"/> | |
| *Including general consultation, prescription, oral administration and external use,
bandage-fixing therapy, manual therapy, acupuncture and cupping
*包括中醫診斷, 處方及發出內服, 外用之配劑, 包紮固定, 手法治療, 中醫針灸及拔罐 | |

Optional Extension 自選附加保障

Telemedicine Service Extension 中醫遙距應診附加保障

*This extension is applicable to General Consultation only
*此附加保障只保障受保人提供中醫全科(方脈)之醫療服務

(Please tick this box if you would like to add this extension, **subject to additional premium**)
(如閣下想附加中醫遙距應診保障, 請勾選此方格, 並繳付相關額外保費)

Section 2 第二部分: Record Maintenance 病歷記錄

Do you keep accurate and proper record of all patients and all prescription tendered to patients? Yes No
閣下是否保留所有病人的完整及準確之病歷記錄並包括所有給予病人之中藥配方? 是 否

Section 3 第三部分: Claim History Related to Medical Services 有關醫療責任的索償記錄

Note 注意 :Proposer provides answer "YES" to any question in the claim history column should provide full details in separate sheet.
Insurer reserves the right to decide whether the insurance to be offered or not.

對索償記錄一欄內任何問題選擇【是】之答案的投保人必須把有關資料交予保險公司。保險公司保留決定權是否接受此份申請。

- | | |
|---|---|
| 1. Have you ever been subject to disciplinary proceeding for medical malpractice or professional misconduct? 閣下曾否因醫療失誤或專業失德被紀律聆訊? | Yes <input type="checkbox"/> No <input type="checkbox"/>
是 <input type="checkbox"/> 否 <input type="checkbox"/> |
| 2. Have any claims ever been made against you? 閣下曾否被索償? | Yes <input type="checkbox"/> No <input type="checkbox"/>
是 <input type="checkbox"/> 否 <input type="checkbox"/> |
| 3. Are you aware of any circumstance which could reasonably be expected to give rise to a claim? 閣下是否知道任何已發生並可能引致索償之醫療事故? | Yes <input type="checkbox"/> No <input type="checkbox"/>
是 <input type="checkbox"/> 否 <input type="checkbox"/> |
| 4. Has any insurance company ever at any time declined your proposal, cancelled your policy, refused to renew a policy, required an increased rate or imposed special conditions? 閣下曾否被其他保險公司拒絕受保, 取消保單, 拒絕續保, 要求增加報廢或註明特別條款? | Yes <input type="checkbox"/> No <input type="checkbox"/>
是 <input type="checkbox"/> 否 <input type="checkbox"/> |

Professional Qualification and Work Experience in Chinese Medicine Profession 中醫藥業之專業資歷(例如畢業之學院)及工作經驗

Year(s) of Relevant Work Experience 相關工作年資

- 0 - 5 years
0 - 5 年
- >5 - 10 years
>5 - 10 年
- 10+ years
10 年以上

Section 4 第四部分: Employment Status 就業狀況

1. Being employed
受聘

Name of Employer
僱主名稱

.....

2. i) Self-employed 自僱
OR
ii) Both 自僱及受聘

Number of your Employee(s)
閣下之僱員數目

Name of Employee(s) to be covered
受保僱員姓名 (只接受英文填寫)

1.

2.

3.

Remarks 備註: Vicarious liability coverage is extended to medical service provided by any Employee a maximum number of 3 at the direction of and under full supervision of the insured. Such Employee must not be a Registered Chinese Medicine Practitioner. (Applicable to self-employed Insured only)

此保險可保障在受保人指示並親自監督下由僱員提供之醫療服務。僱員人數不能多於三名，並且不包括任何註冊中醫師。(只適用於自僱人士)

Note 注意: The name of any such Employee must be declared to and noted by the Insurer. Should there be any changes, please inform the Insurer immediately. 僱員姓名必須向保險公司申報。如有更改，請立即通知保險公司。

Personal Information Collection Statement ("PICS") 個人資料收集聲明

In relation to the personal data collected by QBE Hongkong & Shanghai Insurance Limited ("QBE HK"), I/we agree and acknowledge that: 關於 昆士蘭聯保保險有限公司 ("昆士蘭保險香港") 收集之個人資料，本人 / 我等同意並承認：

- a) the personal data requested is necessary for QBE HK to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed. 索取之個人資料對於昆士蘭保險香港處理本人 / 我等之保險或索償申請乃屬於必需。若未提供此類資料，可能導致無法處理此項申請或索償。
- b) the personal data collected in this form may be used by QBE HK for the purposes stated in its Privacy Policy found at <https://www.qbe.com/hk/en/privacy-policy>. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes) 昆士蘭保險香港可以將此表格所收集的個人資料用於其網頁 <https://www.qbe.com/hk/zh-hk/privacy-policy> 所載私隱政策當中表明之目的，其中包括承保和管理本人 / 我等正在申請之保險 (包括獲得再保險、承保續期、理賠、調查、付款、代位索償以及各種相關目的)。
- c) QBE HK may transfer the personal data to the following classes of persons (whether based in Hong Kong or overseas) for the purposes identified in (b) above:
昆士蘭保險香港可為以上 (b) 項指明之目的，將個人資料轉交以下無論是在香港還是在海外之各類人士：
 - i. third parties providing services related to the administration of my/our policy (including reinsurance);
提供與本人 / 我等的保險 (包括再保險) 之管理有關的服務的第三方；
 - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
為處理此項申請並獲得保單付款，將個人資料轉交金融機構；
 - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
在發生索償時，將個人資料轉交有關的損失理算師、評估師、第三方管理人員、緊急服務提供者、法律服務提供者、零售商、醫療服務提供者和旅行社
 - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
昆士蘭保險集團不論位於任何國家或地區的另一成員 (為以上 (b) 項所述各種目的而提供該個人資料)；
 - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein
為昆士蘭保險私隱政策所指之各種目的，將個人資料提供予該私隱政策提及的其他人士。

d) I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via email or post at: QBE Hongkong & Shanghai Insurance Limited Address: 33/F, Oxford House, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong Email: info.hk@qbe.com.hk

本人 / 我等可以查閱或要求更正自己的個人資料 (在兩種情況下均需支付一筆合理費用)。提出有關要求，可經電郵或郵遞方式向以下地址發信：
昆士蘭聯保保險有限公司 -
地址：香港鰂魚涌英皇道979號太古坊濠豐大廈33樓
電郵：info.hk@qbe.com.hk

e) That where I/we are providing personal data on behalf of another person to QBE HK, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE HK in accordance with paragraphs (a), (b) and (c) above. 若本人 / 我等乃代表另一人士向昆士蘭保險香港提供個人資料，本人 / 我等已徵得該人士表示同意根據以上 (a)、(b)、(c) 款將其個人資料發放給昆士蘭保險香港。

f) That in the event of differences between the English and Chinese, the English version shall prevail.
若本文件之中、英文版之間意義有分歧，應以英文版本為準。

I / We have read and understood the Personal Information Collection Statement attached to this brochure (Required).
我/我們已閱讀並理解了本手冊所附的“個人信息收集聲明”(必選)。

I / We like to receive information about goods and services of HKSJ or their affiliates via email and / or phone.
我/我們希望通過電子郵件和/或電話接收有關昆士蘭聯保保險有限公司或其附屬公司的產品和服務的信息。

Policy effective date should be after the signature date 保單生效日期須於本文件簽署日期之後

Declaration 聲明

I declare and agree that 予謹聲明及同意

1. to the best of my knowledge and belief the information and answers given on this form are true and complete in every aspect; 上述填寫之資料及答案均為真實及事實之全部；
2. the information and answers given on this form are filled in by myself;
上述之資料及答案均屬本人填寫；
3. this Proposal and Declaration shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me and QBE Hongkong & Shanghai Insurance Ltd.
本續保申請書為本人與昆士蘭聯保保險有限公司訂立此保險契約及以後續約之基礎

If the intermediary who serves you is an Insurance Broker, please read this:

The applicant understands, acknowledge, and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by QBE Hongkong & Shanghai Insurance Limited. QBE Hongkong & Shanghai Insurance Limited will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body Limited that he or she is authorized to do so, corporation, the authorized person who signs on behalf of the applicant further confirms to QBE Hongkong & Shanghai Insurance

The applicant further understands that the above agreement is necessary for QBE Hongkong & Shanghai Insurance Limited to proceed with the application.

如為閣下服務的中介人為保險經紀，請閱讀下文：

申請人明白，確知及同意，昆士蘭聯保保險有限公司會就申請人購買及接受其簽發的保單，於保單有效期内（包括續保期）向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向昆士蘭聯保保險有限公司確認他/她已獲法人團體授權。

申請人亦明白昆士蘭聯保保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

Effective Date 生效日期 (DD/MM/YYYY)

Insured's Signature 受保人簽署

Date 日期 (DD/MM/YYYY)

Please select 請選擇

Please select 請選擇

QBE Hongkong & Shanghai Insurance Ltd.

昆士蘭聯保保險有限公司

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