

QBE Medical Malpractice Insurance Proposal Form

Specially designed for Malaysian Society of Clinical Psychology



QBE Insurance (Malaysia) Berhad Registration No: 198701002415

(Part of QBE Insurance Group)
(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)
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SST Reg No: B16-1808-31042744
www.qbe.com/my e-mail : info.mal@qbe.com

IMPORTANT NOTICES

- Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.
- The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.
- You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

QBE Agency No.: QBE Agency Name:

PERIOD OF INSURANCE

From To (dd/mm/yyyy)

A. PARTICULAR OF PROPOSER

Salutation: Mr Ms Miss Others (please specify)

Name of Proposer

Correspondence Address

Postcode City

State Country

Contact Number Email

Occupation (if more than one please state all)

1. Personal Details (For Consumer Contract)

Gender Male Female Marital Status Married Single Divorced/ Widowed

Identification Number New NRIC Passport Military IC Others

Handphone Number Nationality

Date of Birth (dd/mm/yyyy) Tax Identification No.

2. Business Details (For Non-Consumer Contract)

Tax Identification No. Business Registration No.

SST Registration No. Tel No. (Office)

Trade or profession or nature of business

How long has the business been established?

Clear 1

B. PROPOSER'S INFORMATION

Full Name

NRIC Gender Male Female

MSCP Registered No. Member of MSCP since (year, e.g. 1980)

Contact No. Office Hand phone Facsimile

Mailing Address

Years of Experience

C. DETAILS OF PRACTICE

Do you operate outside Malaysia? Yes No

If yes, Please provide the approximate percentage of your activities (based on fee income) derived from clients based in the following country/regions:

Country/Region	Malaysia	Others (please specify)
Percentage of Total Income (100%)	<input type="text"/>	<input type="text"/>

D. CLAIMS INFORMATION

Have you ever been subject to disciplinary proceedings for medical malpractice or professional misconduct? Yes No

If 'Yes', please provide details.

Have any claims for negligence or breach of professional duty been made in the last 10 years against you, or have circumstances been notified to Insurers that might give rise to a claim, or aware of any claim or circumstances that might give rise to a claim? Yes No

If 'Yes', please provide details

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief description of the Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalized or Outstanding
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Has any Insurer:

(a) Declined Proposal or renewal? Yes No

(b) Required an increased premium or imposed special terms? Yes No

(c) Cancelled Insurance? Yes No

If 'Yes', please provide details.

E. INSURANCE COVERAGE DETAILS

Please select Option	Limit of Indemnity	Please Select	Annual Fee	Deductible
<input type="checkbox"/> Option 1	RM250,000 any one claim and in the aggregate	<input type="checkbox"/>	RM 0 - 250,000	RM 5000.00 each & every claim
		<input type="checkbox"/>	RM 250,001 - 500,000	
		<input type="checkbox"/>	RM 500,001 - 1,000,000	
<input type="checkbox"/> Option 2	RM 500,000 any one claim and in the aggregate	<input type="checkbox"/>	RM 0 - 250,000	
		<input type="checkbox"/>	RM 250,001 - 500,000	
		<input type="checkbox"/>	RM 500,001 - 1,000,000	

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F. PAYMENT INSTRUCTION

Premium Due (Inclusive of fees and taxes)

Paid by:

Bank Transfer

Please transfer the premium to QBE Bank Account:
HSBC Bank Malaysia Berhad
2 Lebu Ampang, 50100 Kuala Lumpur

Account Name: QBE Insurance (Malaysia) Berhad

Account No.: 301-231361-001 SWIFT Code: HBMBMYKL

Kindly email the payment details and contact no. to
finance.collection@qbe.com.my

Credit Card

Card holder's Name

Card Number Visa Master

Issuance Bank Expiry Date (dd/mm/yyyy)

Cardholder's Signature Date (dd/mm/yyyy)

* QBE Insurance (Malaysia) Berhad reserves the right to adjust the Service Tax rate applied to policy premiums in accordance with any alterations to the Service Tax legislation and guidelines. Any modifications will be implemented in accordance with changes to the prevailing legal framework from time to time.

G. DECLARATION & CONSENT

I/we hereby declare that I/we have fully and accurately answered the questions in this proposal form.

Privacy Statement - I understand that the personal data provided to purchase the above insurance will be used by QBE Insurance (Malaysia) Berhad to facilitate the performance of the function as an insurance company. I allow QBE Insurance (Malaysia) Berhad to collect, use and disclose my personal data to selected third parties in or outside Malaysia, in accordance with Privacy Policy Statement which is posted at our website www.qbe.com/my.

I/We further that the QBE Insurance (Malaysia) Berhad and/or it's holding company can share and use my/our data and personal information for the purpose of promoting the Company's and/or it's holding company's products, new services and support requirement, and marketing campaigns and activities and commercial transitions.

The liability of the Company does not commence until the application has been accepted.

Proposer's signature &
Company stamp

Date (dd/mm/yyyy)

H. DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF INSURANCE COMPANY)

1) In compliance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Applicant's original NRIC/Passport/Business Registration Certificate was verified and authenticated by me at the point of sales.

2) I/We have recommended this product being purchased by the proposer, based on the information disclosed and other relevant information which are made available to me/us. I/We have taken reasonable steps to ensure the advice is suitable to the customer for the purpose of insurance coverage.

Name

NRIC No.

Signature &
Company Stamp

Date (dd/mm/yyyy)

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