

Professional Indemnity Traditional Chinese Medicine Physician Proposal Form

QBE Insurance (Singapore) Pte Ltd



A. Notice To The Proposed Insured 拟议保险通知

1. Disclosure of Relevant Facts

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

2. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);
- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the proposal form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

1. 披露有关事实

披露事实是您的责任

在和承保人签署普通保险合同之前，您必须向对方披露您所知道的任何详情，或披露承保人有理由想知道的用以斟酌接受您的投保的风险相关的资料，及接受该投保风险的条件。

在更新、延长、改变或恢复保险合同之前，您也必须向承保人披露有关资料详情。

评析

您欲寻求的风险投保（例如索赔，不论是有根据或无根据）坦诚披露详情至为重要；或重大的风险，披露详情对这类保险尤其重要。因此，宁可因谨慎而在披露某些事实方面造成错误，以致影响承保人考虑您的投保。

2. 保单索赔

本建议书是关于保单“索赔”。即是说这个保险包括对您提出索赔及您在投保期间如何通知您的承保人。唯以下情况不在本保单的保险范围：

- 所发生的事项是在保单有效日期之前（若有指定日期）；
- 索赔日期是在投保期截止之后，即使该发生的事项是在投保的有效期内；
- 索赔通知或所通知的事实与情况是属于以前的任何保单（或本该在之前通知的）；
- 索赔或对您进行威胁是在保单开始生效之前；
- 投保之前您已知道有关事实或情况，或在投保之前您已知道或有理由知道这些事实或情况可能会发生；
- 所索赔的是在目前保单建议书或任何以往建议书指定的范围以外。

然而，当您知道了有关事实可能发生在保单截止日期之前，而有理由相信可能对您提出索赔，当你把该事实以书面提交给承保人，该保单将根据该投保条件作出赔偿，尽管该索赔是在该保单截止日期之后。

您本身必须熟悉我们这类保险的保单标准格式后，才能提交本建议书。

IMPORTANT 要点

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead. 请完整地回答以下所有问题，若不够位置，请写在专用信纸上。
- Where provided, tick the appropriate box to indicate answer. 有提供方格的问题，作答时请在方格上打勾。
- The applicant will be referred to in this proposal as “You” or “Your”. 本建议书中的申请人将以“您”或“您的”表达。
- All answers MUST be answered in ENGLISH. 所有答案必须以英文书写。
- While care has been taken to accurately translate the document from English to the Chinese language, please note that we will not be responsible for any losses and liability incurred by any party relying on or arising from the use of the Chinese translation. 尽管我们是根据英文尽可能准确地翻译成中文，然而，如果有人根据中文或依照中文翻译而引起任何损失和责任，我们概不负责(即一切以英文为凭，中文只供参考)。

B. Details Of Applicant 申请人详情

1. Full name of all practitioners and entities to be insured 投保执业医师及机构的完整名称
(Hereinafter the applicant will be referred to as “You” or “Your”) (下称申请人为“您”或“您的”)

2. Your principal address 您的主要地址

3. Your email 您的电邮

4. Do you practice from any other offices or locations? 您是否有在别处或别的办事处行医? Yes No
If Yes, please provide details: 若有，请详述:

5. Is the entity a non-profit organisation? 有关机构是否是非营利团体? Yes No
If Yes, please declare the maximum numbers of physicians practicing at any one time.
若是，请指明在同时段行医的医师人数。

6. Please supply total numbers of: 请写出下列的总人数:
a) Partners/Principals/Directors 合伙人/主要负责人/董事 _____
b) Qualified & Technical Staff 合格人员及技术员 _____
c) Other Staff 其他职员 _____
Total Staff 总人数 _____

Please attach a copy of each Practitioners Singapore TCM Physician Practicing Certificate.
请附上每位执业医师持有的新加坡中医师执业准证。

7. Please provide the amount of gross income/fees for the following: 请写出以下之收入/收费总额:
If yes, please provide details: 若有，请详述:

	Singapore 新加坡	Overseas 海外
i) current financial year (estimate) 本财政年 (估计)		
ii) last financial year 上财政年度		

8. Please advise the date of your financial year end 请写下您的财政年的截止日期

9. Please detail the approximate percentage of your fee income derived from the following fields of work:
请填写以下各类别收入的大约百分比:

Type of Work 学科	
a) Internal Injury 内科	%
b) External Injury (Skin) 外科 (皮肤)	%
c) Acupuncture 针灸	%
d) Tui Na 推拿	%
e) Others (Please specify) 其它 (请详述)	%
Total 总数	100 %

C. Claims Details 索赔详情

1. Has any partner, principal, director or staff member ever been subject to disciplinary proceedings professional misconduct? 在合伙人、主要负责人、董事或职员之中是否有人涉及专业道德诉讼? Yes No

2. Have any claims for negligence or breach of professional duty been made in the last ten (10) years against your Practice or any of its predecessors in business or any prior Practice of any of their present or former partners, principles or directors, or have circumstances been notified to insurers that might give rise to a claim?
医务所在过去10年中, 或其前辈在营业中, 或医务所目前或以前的合伙人、主要负责人或董事是否曾经因疏忽或违背专业职责而被索赔, 或已通知承保人可能有某种情况会导致索赔?

3. Are any of the Partners, principals or directors, AFTER ENQUIRY, aware of any claim or circumstances that might give rise to a claim against the Practice or any prior Practice or any of their present or former partners, principals or directors which matters not referred to in Question C.2 above?
在受询问之后, 合伙人、主要负责人或董事是否知道有任何索赔或情况会对业者或前业者或合伙人、主要负责人或董事之中的任何人提出索赔而这些在上述索赔2的问题中未提及?

If Yes to 1, 2 or 3 above, please supply details: 上述问题1, 2或3的答案若是有, 请提供详情如下:

Date Matter Notified 该事件的通知日期	Name of Insurer (if any) 保险公司名称 (若有)	Name of Claimant or Potential Claimant 保险公司名称	Brief Description of the Matter 摘要	Amount Paid or Estimate of Potential Liability 付款额或预计债款	Is Matter Finalised or outstanding? 事件已结束或尚未结束

D. Premium Indications 保费

We seek to offer a special premium of S\$450.00 per practitioner for a S\$500,000 any one claim and in the aggregate limit of indemnity for entity with up to 5 practitioners.

我们正在推介每名开业医师S\$450.00的特别优待保费给只有5位医师或以下的机构，此项保险的任何一次索赔最高金额及总索赔金额的顶限为S\$500,000。

The above special premium will not apply where
上述特别优待保费不适用于：

- Entity with more than 5 practitioners.
有五名开业医师以上的机构。
- Individual practitioner fees exceed S\$150,000 annually.
每年行医收费超过S\$150,000的个别医师。
- There have been previous claims or circumstances.
过去曾索赔过或有过任何导致索赔的情况。
- The insured engages in activities beyond the traditional scope of Traditional Chinese Medicine physicians.
受保人所从事的活动超出传统中医医师的范围。

In these circumstances, QBE will undertake specific assessment.
在这些情况下，QBE将进行特殊的估算。

E. Declaration 声明

I am/We the undersigned authorised Insured Person(s), after enquiry declare as follows:
本人/我们，被授权之下列署名投保人，在询问后，声明如下：

1. I am/We are authorised by each of the other Applicants to make this Proposal.
本人/我们，在其他每个申请人的授权下作出这个建议。
2. I/We have read and understood the Notice to the Proposed Insured on the front of this Proposal Form.
本人/我们，已看过并了解本建议书表格前面的拟议保险通知书。
3. I/We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
本人/我们，已阅读过本建议书及随附的文件，并确认建议书的内容真实无讹。
4. I/We understand that, up until a contract of insurance is entered into, I/We are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this Proposal or in the accompanying documents.
本人/我们明白，一旦签署了保险合约，本人/我们便一直有责任立即通知QBE关于任何资料的改变或建议书或随附文件中的改变。

Although the signing of this Proposal does not bind the Applicants to effect insurance the Applicants acknowledge that the particulars and statements contained in this Proposal and in the accompanying documents shall be the basis of the contract should a Policy be issued; and further, the Applicants acknowledge that the Proposal and the accompanying documents will be incorporated in the Policy. 签署本建议书虽然不构成保险生效而对申请者起约束作用，然而，申请人确认在建议书中和随附文件中的资料 and 陈述将可作为合约基础以签发保单；另外，申请人确认建议书及随附文件将并入保单。

Name of Applicant 申请人	Partner, Principal or Director 合伙人、主要负责人或董事
Signed 签署	Date 日期

F. Coverage Sought 保险总额

1.	Limit of Indemnity (aoc/agg) 赔偿极限	(A) Premium (Excl GST) (Per Practitioner) 保费 (不包括消费税) (个别医师)	(B) Please indicate total number of Physicians to be Insured 列出投保医师总人数	Total Premium (A X B) (Excl GST) 总保费 (不包括消费税)
Up to 5 practitioners 多达5位医师	S\$500,000	S\$450		

The deductible, S\$1,000 each and every claim, inclusive of Costs and Expenses will apply.
每次索赔需扣除 S\$1,000, 包括开销。

For any high limit sought, please seek individual assessment. 若所求任何更高赔偿极限, 请询求个别计算。

2. Name of Main Contact Person 主要合约人的姓名。

3. Main Contact Person's/Company's Contact Number 主要合约人/公司联络号码

Office 办公室

Handphone 手机

4. Email 电邮地址

Your Insurance Adviser or Broker 您的保险顾问或经纪

G. Personal Information Collection Statement ("PICS")

In relation to the personal data collected by QBE Insurance (Singapore) Pte. Ltd. ("QBE SG"), I/we agree and acknowledge that:

- a) the personal data requested is necessary for QBE SG to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed;
- b) the personal data collected in this form may be used by QBE SG for the purposes stated in its Privacy Policy found at www.qbe.com/sg. 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)
- c) QBE SG may transfer the personal data to the following classes of persons (whether based in Singapore or overseas) for the purposes identified in (b) above:
 - i. third parties providing services related to the administration of my/our policy (including reinsurance);
 - ii. financial institutions for the purpose of processing this application and obtaining policy payments;
 - iii. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
 - iv. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
 - v. other parties referred to in QBE's Privacy Policy for the purposes stated therein;
- 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 Insurance (Singapore) Pte Ltd
Address: 1 Wallich Street, #35-01, Guoco Tower, Singapore 078881
Email: info.sing@qbe.com
- e) that where I/we are providing personal data on behalf of another person to QBE SG, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE SG in accordance with paragraphs(a, (b) and (c) above.

Please tick here if you do not want us to use your personal data to contact you by email with information about goods and services of QBE SG or their affiliates.

I/We have read and understood the Personal Information Collection Statement attached to this Proposal Form.

I would like to receive information about goods and services of QBE SG or their affiliates via email and/or phone. Yes No