

Professional Indemnity Medical Malpractice Establishments Proposal Form

QBE Insurance (Singapore) Pte Ltd



A. Notice To The Proposed Insured

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.

Warning: Be aware of your duty of disclosure pursuant to Section 25 (5) of the Insurance Act (CAP 142).

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.

IMPORTANT

- Please answer ALL questions fully. If there is insufficient space, please provide details on your letterhead.
- Where provided, tick the appropriate box to indicate answer.
- The applicant will be referred to in this proposal as “You” or “Your”.

B. Details Of Applicant

1. Full name of all entities to be insured (including service, administrative or nominee companies and **subsidiaries** that you wish to be covered by this policy)
(Hereinafter the applicant will be referred to as “You” or “Your”)

2. Full name of owner

3. Principal address of Establishment

4. Email

5. Address(es) of branch offices or other locations

6. How long has the Establishment been operated by the present owners?

7. Please supply the following details:

Title of Staff Member	Name	Age	Qualifications	Date Qualified
Chief executive officer				
General manager				
Director of medical services				
Director of allied health services				
Director of nursing				

8. Is the Establishment duly licensed to practice at the address(es) specified in Question 3 and 4? Yes No

9. Please provide total numbers of employees in each of the following classifications:

- | | | | |
|---------------------------|-------|---|-------|
| a) Surgeons | _____ | f) Pharmacists | _____ |
| b) Doctors | _____ | g) Registered nurses | _____ |
| c) Interns | _____ | h) Enrolled nurses | _____ |
| d) X-ray technicians | _____ | i) Undergraduate of student staff | _____ |
| e) Laboratory technicians | _____ | j) Other medical or allied health employees | _____ |

TOTAL _____

C. Details Of Establishment

- 1. 1.1 Has the name of the Establishment ever been changed? Yes No
- 1.2 Has any other establishment amalgamated or merged with you? Yes No
- 1.3 Have you purchased any other establishment? Yes No

If you have answered "Yes" to either part C.1.1.1, C.1.1.2 or C.1.1.3, please supply details.

2. Please list the professional bodies or associations to which the Establishment belongs.

- 3. Does the Establishment have:
 - a) an intensive care unit? Yes No
 - b) a casualty or outpatients department? Yes No
 - c) a radiotherapy unit? Yes No
 - d) a medical teaching facility? Yes No

4. Does the Establishment operate any training school?
If "Yes", please supply details. Yes No

5. Do you maintain accurate descriptive records of all medical services rendered? Yes No

6. Do you ensure that all doctors of medicine (whether employed or visiting) who provide medical services for, or use the facilities of, the Establishment are members of a recognised medical defence union/association or protection society, or otherwise carry their own malpractice liability insurance covers? Yes No

7. Is there a blood banking facility? Yes No
If "Yes", please provide the following details.

- a) (i) percentage of blood bought _____ %
- (ii) percentage of blood collected _____ %

- b) (i) approximate number of litres per annum _____
- (ii) approximate number of plasmapheresis procedures carried out per annum _____
- (iii) estimated annual gross receipts from the sale of the following per annum:
 - whole blood \$ _____
 - blood plasma \$ _____
 - serum \$ _____
 - other blood products or derivatives \$ _____

c) Please provide details of:
(i) the screening procedure of persons from whom blood or plasma is drawn.

(ii) the screening procedure of the products identified in Question 7(b) (iii) prior to their sale, use or disposal.

8. Please provide the approximate division of your patients between:

- | | | | |
|----------------------------|---------|--|---------|
| a) General medical | _____ % | i) Alcohol & other drugs | _____ % |
| b) Surgical | _____ % | j) Obstetrics/maternity | _____ % |
| | | <i>(Please complete questions 12 and 13)</i> | |
| c) Oncology | _____ % | k) Neo-natal | _____ % |
| d) Tubercular/communicable | _____ % | l) Elective cosmetic | _____ % |
| e) AIDS/HIV | _____ % | m) Elective terminations | _____ % |
| f) Senile or aged | _____ % | n) Paediatric | _____ % |
| g) Palliative | _____ % | o) Allied health therapy | _____ % |
| h) Mental health | _____ % | p) Other (please specify below) | _____ % |

Grand total of all divisions above must come to 100 %

9. Please provide

- a) the number of beds maintained by the Establishment (including day surgery beds) _____
- b) the number of bassinets _____

Please provide figures from the last financial year for questions 10 to 13

10. Please provide the approximate occupancy rate _____ %

11. Please advise number of

- a) Out Patients and _____
- b) Admitted in Patients, _____

12. Please provide the number of

- a) Deliveries _____
- b) Multiple births _____
- c) Healthy neonatal _____
- d) Stillborn infants _____

13. Please provide the number of infants admitted to the NICU/SCBU

- a) from your own obstetrical department _____
- b) transferred from entities outside the control of the Establishment _____

14. Do you undertake Clinical Trials?

(If "Yes", please complete a Clinical Trial Proposal Form if cover is required)

Yes No

D. Financial Details

1. 1.1 Please advise the date of your financial year end: _____

1.2 Please provide the amount of gross income/fees for the following

- a) current financial year (estimate) _____
- b) last financial year _____
- c) previous financial year _____

2. Please provide the approximate percentage of your activities (based on gross income) applicable to each state, territory and overseas.

Country	Singapore	Asia	Europe	USA/Canada	Other
Percentage of Income	%	%	%	%	%

E. Claims Details

1. Has any Employee of the Establishment ever been subject to disciplinary proceedings for professional misconduct? Yes No
If "Yes", please supply details.

2. Have any claims for malpractice been made in the last ten (10) years against the Establishment or have circumstances been notified to insurers that might give rise to a claim? Yes No

If "Yes", please supply details.

Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief Description	Amount Paid or Estimate of Potential Liability	Is Matter Finalised or Outstanding?

3. Is the Applicant, AFTER ENQUIRY, aware of any claim or circumstances that might give rise to a claim against the Establishment which matter is not referred to in Question E.2 above? Yes No

If "Yes", please provide the following details in respect to each matter.

Name of Claimant or Potential Claimant	Brief Description of the Matter	Estimate of Potential Liability

F. Details Of Insurance Cover

1. Does the Establishment presently carry, or has the Establishment ever carried, malpractice liability insurance? Yes No

If "Yes", please supply details:

Insurer _____

Expiry Date _____

Limit of Indemnity _____

2. Has the Establishment ever been refused this type of insurance, or had similar insurance cancelled, or had an application of renewal declined, or had special terms imposed? Yes No

If "Yes", please supply details.

G. Risk Management

- 1. Do you have and follow documented risk management and quality control procedures Yes No
 - 2. Are these risk management procedures regularly reviewed and updated to the appropriate standards applying to your industry? Yes No
 - 3. Are all appropriate staff members familiar with these procedures and/or standards? Yes No
 - 4. Do you and your staff attend regular continuing education programmes that are organised by your Professional Association or industry bodies or groups? Yes No
- Please provide a separate written comment to explain why a "No" answer was provided.

5. What procedures do you have for the reporting of medical incidents? Please provide full details.

H. Application For Cover

- 1. Limit of indemnity required: _____
- 2. Deductible/Excess requested: _____ (each and every claim)
- 3. Extensions:
 - Automatic Extensions
 - Libel and slander Automatically Included
 - Loss of documents Automatically Included
 - Coroner's enquiries Automatically Included
 - Emergency first aid Automatically Included
 - Students Automatically Included
 - Newly created or acquired entity or subsidiary Automatically Included
 - Run-off cover insured entity or subsidiary Automatically Included
 - Estates and legal representatives Automatically Included

I. Personal Data Protection Act (PDPA) 2012

Supplementary Consent Clauses

To process, administer and/or manage your relationship, account and policy with QBE Insurance (Singapore) Pte Ltd (QBE), QBE will need to collect, use, disclose and/or process your personal data. Such personal data includes (i) information set out in this [form] and any other personal information provided by you or possessed by QBE; and (ii) your claims.

Such personal data will be collected, used, disclosed and/or processed by QBE for the purpose(s) of:

- a) considering whether to provide you with the insurance you applied for;
- b) processing your application for underwriting and insurance;
- c) administering and/or managing your relationship, account and/or policy with QBE;
- d) processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
- e) carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by QBE;
- f) carrying out your instructions or responding to any enquiries by you;
- g) dealing in any matters relating to the services and/or products you are entitled to when applying for this or other policies you applied for. This includes the disclosure of some of your personal data when mailing of correspondence, statements, invoices, reports or notices to you, as well as the disclosure of some of your personal data on the cover of envelopes/mail packages;
- h) investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your claims or any other matter relating to your policy, and whether or not there is any suspicion relating to these;
- i) compiling a claims history for the purpose of investigation and detecting fraud in present and future claims
- j) complying with applicable law in administering and managing your relationship with QBE;
- k) providing you with direct marketing communications about QBE's products and services; if you do not want to receive any direct marketing, you may withdraw your consent at any time free of charge by writing in to info.sing@qbe.com

We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the purposes described above, and using, disclosing and/or processing such personal data for one or more of those purposes.

Your personal data may/will be disclosed by QBE to its third party service providers or agents (including its lawyers/law firms), which may be situated outside of Singapore, for one or more of the purposes described above, meaning third party service providers or agents, if engaged by QBE, will be processing your personal data for QBE.

By signing below, you:

- consent to QBE collecting, using, disclosing and/or processing your personal data for the purposes described above;
- consent to QBE collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the purposes described above;
- consent to QBE disclosing your personal data to its third party service providers, or agents (including its lawyers/law firms), for the purposes described above; and
- consent to QBE transferring your personal data out of Singapore to its third party service providers, or agents where such third party service providers or agents are sited (whether in Singapore or outside of Singapore), for the purposes described above.

Name	Signature of Applicant
Date	

I. Declaration

I am/We the undersigned authorised Insured Person(s), after enquiry declare as follows:

1. I am/We are authorised by each of the other Applicants to make this Proposal.
2. I/We have read and understood the Notice to the Proposed Insured on the front of this Proposal Form.
3. I/We have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
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.

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.

Name of Applicant	Partner, Principal or Director
Signed	Date

QBE Specialist Risks Unit

QBE Insurance (Singapore) Pte Ltd
1 Raffles Quay #29-10
South Tower Singapore 048583
Tel : (65) 6477 1233 • Fax : (65) 6534 3186
www.qbe.com.sg

Your Insurance Adviser or Broker