

QBE Medical Malpractice Insurance

QBE传统及补充医疗职业责任保险

Proposal Form / 投保表格

Specially designed for FCPAAM / 特为FCPAAM会员精心而设



QBE Insurance (Malaysia) Berhad Reg. No.: 198701002415 (161086-D)

(Part of QBE Insurance Group)

(Licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia)

No. 638, Level 6, Block B1, Leisure Commerce Square, No. 9, Jalan PJS 8/9, 46150 Petaling Jaya,

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SST Reg No: B16-1808-31042744

www.qbe.com/my

Endorsed by



Clear form

Your Duty of Disclosure / 您的披露责任:

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

根据 2013 年《金融服务法》附表 9 第 5 段, 如果您完全出于与您的贸易、业务或专业无关的目的而申请本保险, 您有责任采取合理的谨慎措施, 不要在回答问题时做出虚假陈述 在本提案表中。您必须完整准确地回答本申请表中的问题。

Failure to take reasonable care in answering the questions 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.

未能合理谨慎地回答问题可能会导致您的保险合同无效、拒绝或减少您的索赔、更改条款或终止您的保险合同。

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

上述披露义务将持续到您与我们签订、更改或续订保险合同为止。

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.

如果您与我们签订、更改或续订保险合同后的任何时间, 您有义务立即告诉我们本申请表中提供的任何信息不准确或已更改。

Please complete information in full and check boxes tick (✓) where appropriate. Please answer on a separate sheet of paper if the space provided is insufficient. 请填写完整资料, 并在适当的格子内画勾(✓)。若所提供的空间不足, 请在另一张纸上。

Cover Note No.

封面说明号码

Intermediary No.

中介号码

Intermediary Contact No.

中介联系电话

Intermediary Name

中介姓名

A. PROPOSER'S INFORMATION 投保人资料

Full Name 全名

NRIC 身份证号码

Gender 性别

Male 男性

Female 女性

FCPAAM Registered No.

FCPAAM 会员注册号码

Member of FCPAAM since (year, e.g. 1980)

FCPAAM 会员自 (年, 例如 1980)

Contact No. 联络电话

Office 办事处

Hand phone 手提电话

Facsimile 传真

Mailing Address 邮寄地址

Years of Experience 经验年数

B. DETAILS OF PRACTICE 执业详情

Please state type(s) of work 请注明您的职业:

Chinese Physician 中医师

Acupuncturist 针灸师

Tuinaologist 推拿师

Reflexologist 脚底按摩师

Herbalist 中药师

Traditional Chinese Medicine Nutritionist 中国传统医学营养师

Others (please specify) 其他(请注明)

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

请说明您业务的大约百分比 (根据收费收入计算) 源自以下各国家/地区的客户:

Country/Region 国家/地区

Malaysia 马来西亚

Asia 亚洲

Others (please specify) 其他 (请注明)

Percentage of Total Income (100%)

总收入百分比(100%)

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C. CLAIMS INFORMATION 索赔资料

Have you ever been subject to disciplinary proceedings for medical malpractice or professional misconduct?

您是否曾因医疗事故或专业不当行为而受到纪律处分?

If 'Yes', please provide details. 如果“是”，请提供详细资料。

Yes 是 No 否

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?

在过去 10 年中，您是否因疏忽或违反职业责任而对您提出任何索赔，或是否已将可能引起索赔的情况通知保险公司，或了解可能引起索赔的任何索赔或情况?

If 'Yes', please provide details. 如果“是”，请提供详细资料。

Yes 是 No 否

Date Matter Notified 事件通知日期	Name of Insurer (if any) 保险公司名称 (如有)	Name of Claimant or Potential Claimant 潜在索赔者	Brief description of the Matter 事件的简略说明	Amount Paid or Estimate of Potential Liability 支付金额或潜在责任估计	Is Matter Finalized or Outstanding 事件已结束或尚未解决

Has any Insurer 有无任何保险公司:

(a) Declined Proposal or renewal 拒绝接受投保或续保?

Yes 是 No 否

(b) Required an increased premium or imposed special terms 规定需增加保费或实施特别条款?

Yes 是 No 否

(c) Cancelled Insurance 取消保险?

Yes 是 No 否

If 'Yes', please provide details. 如果“是”，请提供详细资料。

D. INSURANCE COVERAGE DETAILS 保险保障范围细节

Please mark the appropriate option below 请在下面标记适当的选项

Option 选择	Limit of Indemnity 赔偿限额	Deductible 免赔额	Premium 保费
1	RM250,000 any one claim and in the aggregate 任何一项索赔与总数为RM250,000	RM750.00 each & every claim 每一项索赔需自付RM750.00	RM330.00
2	RM500,000 any one claim and in the aggregate 任何一项索赔与总数为RM500,000	RM750.00 each & every claim 每一项索赔需自付RM750.00	RM550.00

Period of Insurance Required

保险所需期限

From:

从:

To:

至:

Period not to exceed 12 months

期间不超过12个月

E. PAYMENT OPTIONS 付款选项

Amount Payable (RM)

应付金额 (RM)

Cash

现金

Cheque

支票

For cheque payment, cheque should be crossed and made payable to "QBE Insurance (Malaysia) Berhad"

以支票付款，支票必须划线，支付给 "QBE Insurance (Malaysia) Berhad"

Cheque details

支票详情

Bank

银行

Cheque No.

支票号码

Please charge the total premium to my credit card (tick where applicable)

请从我的信用卡中扣除总保费 (在适用的地方打勾)

Visa

MasterCard

Auto debit for yearly renewal

每年自动更新扣账

Name of Cardholder

持卡人姓名

Card No.

信用卡号码

Card Expiry:

信用卡有效期

Cardholder's Signature

持卡人签名

Date (dd/mm/yyyy)

日期 (日/月/年)

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F. DECLARATION AND SIGNATURE 声明及签名

Privacy Policy Statement 隐私政策声明

I/We understand, acknowledge, agree and consent that QBE Insurance (Malaysia) Berhad and all of its related companies ("QBE") is permitted to collect, use, disclose and/or process my personal data revealed hereto. QBE is at liberty to disclose and transfer (including outside Malaysia) such personal data to relevant third parties provided that the revelation of my personal data is strictly for the purpose(s) in relation to the insurance which I have applied hereto, including but not limited to, the purpose(s) of: (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims; (ii) exercising any rights that QBE may have to recover monies from third parties; (iii) making reinsurance recoveries; (iv) investigating the accident and/or my claims; (v) carrying out and/or dealing with my instructions or responding to any enquiries by me; (vi) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); (vii) the development of databases on claims, claims statistics and/or claims development; and/or (viii) complying with applicable law in administering, processing, handling and/or dealing with my claims; (collectively the "Purpose"). My consent given hereto covers any repeated collection of my personal data in the same circumstances and is in line with the requirement set forth on the Personal Data Protection Act 2010.

QBE Insurance (Malaysia) Berhad is committed to ensuring the safety and security of your personal data. You may refer to our Privacy Policy Statement which is posted at our website www.qbe.com.my. If you seek further enquiries, please contact the Personal Data Privacy Officer at telephone number 03-78618400.

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

我/我们理解、承认、同意并同意 QBE Insurance (Malaysia) Berhad 及其所有相关公司 ("QBE") 被允许收集、使用、披露和/或处理我在此披露的个人数据。QBE 有权向相关第三方披露和转移 (包括在马来西亚境外) 此类个人数据, 前提是我的个人数据的披露严格用于与我在此申请的保险有关的目的, 包括但不限于以下目的: (i) 处理、处理和/或处理我的索赔, 包括解决索赔和与索赔有关的任何必要调查; (ii) 行使 QBE 可能拥有的从第三方收回款项的任何权利; (iii) 进行再保险追偿; (iv) 调查事故和/或我的索赔; (v) 执行和/或处理我的指示或回应我的任何询问; (vi) 管理我的索赔 (包括向我邮寄信件、报表、发票、报告或通知, 这可能涉及披露我的某些个人数据以实现相同的交付以及在信封的外部封面上/邮件包裹); (vii) 开发关于索赔、索赔统计和/或索赔发展的数据库; 和/或 (viii) 在管理、处理、处理和/或处理我的索赔时遵守适用法律; (统称 "目的")。我在此给予的同意涵盖在相同情况下重复收集我的个人数据, 并符合 2010 年个人数据保护法的要求。

QBE Insurance (Malaysia) Berhad 致力于确保您个人的安全和保障数据。您可以参考我们的隐私政策声明, 该声明发布在我们的网站 www.qbe.com.my。如果您寻求进一步查询, 请拨打电话 03-78618400 联系个人数据隐私专员。

我/我们明白, 我/我们有责任在回答本提案表中的问题时采取合理的谨慎措施, 不要做出虚假陈述, 并且我/我们在此声明我/我们已全面准确地回答了上述问题。

Signature of Proposer
投保人签名

Date (dd/mm/yyyy)
日期 (日/月/年)

G. DECLARATION BY AGENT / BROKER / OFFICER (STAFF OF INSURANCE COMPANY)
声明由代理人/经纪人/主任 (保险公司员工)

In compliance with Section 16(2) of the Anti-Money Laundering and Anti-Terrorism Financing Act 2001 (AMTFA)
在反洗钱和反恐融资2001法案 (AMTFA) 的符合第16 (2)

1. I/WE hereby certify that one or more of the following original documents was verified and authenticated by me/us at the point of sales.
我/我们特此证明之一下列文件的原件或多个进行了验证和认证的本人/吾等在销售点。

For Individual 对于个人

NRIC 身份证号码

Passport 护照

For Company 对于公司

Certificate of Incorporation (ROC) 公司注册证书 (ROC)

Annual Return or Form 24 and 49 周年申报表或表格24和49

Latest Annual Audited Financial Statement 最新的年度审计的财务报表

2. I/We have attached together with this proposal form a copy of the document(s) above of the applicant of individual policies or group insurance policies where premium is more than RM50,000.00 or RM100,000.00 respectively.

我/我们附上连同这个建议形成文件 (S) 的副本上述各项政策的申请人或团体保险分别在哪里溢价超过RM50,000.00或RM100,000.00。

Name 姓名

NRIC No. 身份证号码

Name and Signature of
Managing Director /
Chief Executive Officer
常务董事/首席执行官
姓名和签名

Date (dd/mm/yyyy)
日期 (日/月/年)