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# Malpractice Liability Insurance Proposal Form for Allied Health Professionals (AHP)

## 醫療專業責任保險投保書 – 專職醫保

### IMPORTANT WARRANTIES

#### 重要聲明

- The Insured is a qualified / certified professional service provider (please provide electronic copies of certificates/licenses/qualifications)
- 投保人為合資格或持證的醫療服務提供者（請提供相關證書/執照/資格證明之電子副本）
- The Insured & clients perform treatments within Hong Kong only
- 投保人及其客戶僅在香港境內提供及接受治療

### Details of Insured 受保人資料

<b>Insured Name</b> 受保人姓名	
<b>Hong Kong ID No. (First five characters, including the letter)</b> 香港身份證號碼 (首 5 位數字或字母)	
<b>Correspondence Address</b> 通訊地址	
<b>E-mail</b> 電郵地址	
<b>Contact Phone No.</b> 聯絡電話	
<b>Professional Qualification</b> 專業資格	

**Please declare the following:**請閣下聲明以下內容：

<b>The Insured</b> 受保人	<b>Yes</b>	<b>No</b>
1. Annual fee income not more than HKD2,000,000; 年收入不超過 200 萬港幣；	<input type="checkbox"/>	<input type="checkbox"/>
2. Not subject to disciplinary proceedings for professional misconduct(s); 未受到專業不當行為的紀律處分；	<input type="checkbox"/>	<input type="checkbox"/>
3. No claim for negligence or breach of professional duty been made in last ten (10) years against the Insured and no circumstance been notified to insurers that might give rise to a claim; 在過去十年內，閣下未曾因疏忽或違反專業職責而被提出索償，也無任何保險公司被通報可能引致索償之事件；	<input type="checkbox"/>	<input type="checkbox"/>
4. Unaware of any claim/circumstance that might give rise to a claim against the Insured 從未知悉任何向閣下提出的索償或可能引致索償之事件	<input type="checkbox"/>	<input type="checkbox"/>

- If the answer is “Yes” to all the questions above, please proceed to select the limit of liability to be purchased based on the Category Group of profession.
- 若對以上所有問題的回答都為“是”，請根據職業類別選擇需要購買的責任限額。
- If the answer is “No” to any of the questions above, please refer to underwriting department.
- 若對上述任何問題的回答為“否”，請轉交核保部另行處理。

## Category Groups 職業類別

Note : Limit to one profession only per policy 注：每張保單僅覆蓋一個職業類別

(Please tick the appropriate boxes) (請在適當空格內✓)

<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>
<input type="checkbox"/> Naturopathist (limited to Amorotherapy, Bodytalk, Reiki, Bowen Therapy, Facial Reflexology, Homeopathy) 自然療法師 (僅限芳 香療法、身心傳訊、 靈氣療法、保雲療 法、面部反射療法、 順勢療法)	<input type="checkbox"/> Medical Lab Technologist 醫務化驗師	<input type="checkbox"/> Psychologist/ Counsellor 心理學家/ 心理輔導員	<input type="checkbox"/> Chiropractor 脊醫
<input type="checkbox"/> Meditation Practitioner 冥想治療師	<input type="checkbox"/> Occupational Therapist 職業治療師		<input type="checkbox"/> Podiatrist 足病診療師
<input type="checkbox"/> Dietitian / Nutritionist 營養師 / 營養學家	<input type="checkbox"/> Osteopath 整骨師		<input type="checkbox"/> Physiotherapist 物理治療師
<input type="checkbox"/> Optometrist 視光師			
<input type="checkbox"/> Pharmacist 藥劑師			
<input type="checkbox"/> Speech Therapist 言語治療師			

## Coverage 保險範圍

<b>Limit Options 所需保障額</b> (Please tick the appropriate boxes) (請在適當空格內✓) any one Claim and in the aggregate 每一索償限額及索償總額	<b>Deductible 自負額</b> each and every Claim 每項索賠
<input type="checkbox"/> HKD2,000,000 <input type="checkbox"/> HKD3,000,000 <input type="checkbox"/> HKD5,000,000	HKD15,000

<b>Gross Premium</b> 總保費	_____ + IA Levy 保費徵費
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## 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.  
本投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 corporation, the authorized person who signs on behalf of the applicant further confirms to QBE Hongkong & Shanghai Insurance Limited that he or she is authorized to do so.

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

如為閣下服務的仲介人為保險經紀，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，於保單有效期內（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。

**Policy effective date should be after the signature date 保單生效日期須於本檔簽署日期之後**

Effective Date (DD/MM/YYYY) 生效日期	Insured's Signature 受保人簽署	Date of signature (DD/MM/YYYY) 日期

## 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協力廠商；
  - 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、協力廠商管理人員、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的各種目的，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](mailto: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（在這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位址發信：  
昆士蘭聯保保險有限公司 -  
地址：香港鯉魚湧英皇道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) I / We have read and understood the Personal Information Collection Statement attached to this brochure.  
若本檔之中、英文版之間意義有分歧，應以英文版本為準。
- g) I / We like to receive information about goods and services of HKSI 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資訊。