

QBE Medical Malpractice Insurance Proposal Form

Specially designed for Malaysian Society of Clinical Psychology



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)
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IMPORTANT NOTICE

1. Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013:

- a) if you are applying for this Insurance wholly for yourself/family/dependants (Consumer Insurance Contract), 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. 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.
- b) if you are applying for this Insurance for purposes related to your trade, business or profession (Non-consumer Insurance Contract), 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.

This duty of disclosure for Consumer and Non-Consumer Insurance Contract shall continue until the time the contract is entered into, varied or renewed.

2. For all intents and purposes where there is a conflict or ambiguity as to the meaning in the Bahasa Malaysia provisions of any part of the Contract, it is hereby agreed that the English version of the Contract shall prevail.

Cover Note No.	<input type="text"/>	Intermediary No.	<input type="text"/>
Intermediary Contact Number	<input type="text"/>	Intermediary Name	<input type="text"/>
Name of Company	<input type="text"/> <i>(Hereinafter referred to as "Company" in this Proposal and in the Policy)</i>		
Principal Address	<input type="text"/>		
	<input type="text"/>		
Postal Code	<input type="text"/>	Contact no	<input type="text"/>

A. PROPOSER'S INFORMATION

Full Name	<input type="text"/>		
NRIC	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
MSCP Registered No.	<input type="text"/>	Member of MSCP since (year, e.g. 1980)	<input type="text"/>
Contact No.	<input type="text"/>	Office	<input type="text"/>
		Hand phone	<input type="text"/>
		Facsimile	<input type="text"/>
Mailing Address	<input type="text"/>		
	<input type="text"/>		
		Years of Experience	<input type="text"/>

B. 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"/>

Clear 1

C. 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

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.

D. 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	

E. PAYMENT OPTIONS

Amount Payable (RM) Cash Cheque

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

Cheque details Bank Cheque No.

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

Name of Cardholder

Card No. - - - Card Expiry:

Cardholder's Signature:

Date (dd/mm/yyyy)

F. DECLARATION BY INSURED

I/We do hereby declare that:

1. I am/we are authorised to make this proposal.
2. The answers stated in this proposal are true and complete and I have not withheld any information which may influence the acceptance of this application.
3. This application and declaration hereby given shall be the basis of the contract with the Company and I/we will accept the terms, exclusions and conditions which will be set out in the policy to be issued.
4. The liability of the Company does not commence until the application has been accepted.

Signature:

Date: (dd/mm/yyyy)

G. DECLARATION BY INTERMEDIARY/QBE STAFF

In compliance with Section 16(2) of the Anti-Money Laundering Act 2001:

1. I hereby certify that I have verified and authenticated the Proposer's Business Registration Certificate at the point of sale.
2. I have maintained a copy of the Certificate of Incorporation (ROC or ROS) for applicants of group insurance policies where premium is more than RM100,000.00.

Name

NRIC No

Signature &
Company Stamp:

Date: (dd/mm/yyyy)