

APPLICATION FOR MEDICAL INDEMNITY INSURANCE

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP. 142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)

You must disclose all facts as you know or ought to know which may affect the insurance cover being applied for. Otherwise, the insurance policy issued may not be valid.

IMPORTANCE NOTES

This is important information and must be read by all proposers applying for, renewing or varying insurance.

1. Completion of Proposal Form

This proposal is to be completed by you, the Proposer. All questions should be answered fully and accurately.

Signing of this proposal does not bind NTUC Income Insurance Co-operative Ltd ("NTUC Income") to offer, nor the proposer to accept insurance, but it is agreed that this proposal shall be the basis of any insurance issued. The policy terms are only as stated in the Policy which should be read carefully.

2. The Medical Indemnity Insurance

If the proposal is accepted by NTUC Income, the policy will be issued:

- (i) with a limit of indemnity of S\$5 million any one incident / any one period of insurance
- (ii) on an "incidence occurrence" basis

This means that subject to its terms and conditions, NTUC Income's insurance policy covers you for any Claim(s) arising out of any incident occurring during the Period of Insurance as a direct result of any negligent act, error or omission which takes place in Singapore in conducting the Medical Profession.

This indemnity will also cover for any Claim(s) made against you after the end of the Period of Insurance for:

- (a) a further consecutive period of 2 years; or
- (b) any further period as Income may in its absolute discretion decide, and subject to such conditions as Income may impose.

This policy will NOT respond to:

- (i) any claim arising out of any incident which has occurred before the Retroactive Period of this Policy as shown in the Schedule;
- (ii) any known claims, incidents and allegations that may give rise to a claim as at the commencement of this Policy.

Particulars of Proposer

Name (as shown in NRIC) / Title

NRIC/Passport No.

Date of Birth (dd/mm/yyyy)

Gender

Male Female

Residential Address

Postal Code

Address of Business premises

Postal Code

Contact No.

(O)

(H)

(Hp)

(Fax)

Correspondence Address

Contact No.

(H)

(Fax)

Email

Details of Practice

1. Place of Registration (Singapore)

2. Date Registered (dd/mm/yyyy)

3. Registration No.

4. Specialisation

5. Risk Category (Please refer to Premium Table for details)

Obstetric Risk

Medium Risk

SAF Full Time Training

Gynaecology

Low Risk

SAF Regular MO - Low Risk

Office Gynaecology

GP - Procedural

SAF Regular MO - Medium Risk

High Risk

GP - Non-Procedural

SAF Regular MO - High Risk

6. If you are employed, does your employer indemnify you for your work?

Yes No

If "Yes", please provide full details

Details of Previous Insurance/Claims

7. Have you ever been a member of a defence organisation or held a policy of medical indemnity insurance? Yes No

If "Yes", Name of Organisation : _____

Date joined (dd/mm/yyyy) : _____

8. Are you still a member of the organisation? Yes No

If "No", please state: Last date of membership: _____

Reasons for discontinuing membership : _____

9. Have you ever had or do you know of any claims, demands, suits, restrictions or other legal actions brought or threatened against you in respect to your conduct as a practitioner in the past or at present? Yes No

If "Yes", please provide full details (please attach a separate sheet if necessary)

10. Do you know of any incident past or present that may be likely to lead to a claim, demand, suits, restrictions or legal action being brought or threatened against you now or in the future? Yes No

If "Yes", please provide full details (please attach a separate sheet if necessary)

Details of Period of Insurance

11. Period of Insurance: 1 year from _____ (dd/mm/yyyy)

(Cover will only commence upon receipt of full premium)

Declaration by Proposer

I/We declare that the above information is true, correct and complete, and whether written by me/us or by anyone else on my/our behalf, I/we accept full responsibility for them.

I/We have not withheld any material information. I/We agree that this proposal and other written statement, information or declaration made by me/us or on my/our behalf shall form the basis of the contract of insurance between me/us and NTUC Income.

I/We acknowledge that the liability of NTUC Income does not commence until this proposal has been accepted and the premium paid and received in full by NTUC Income.

If a material fact is not disclosed in this proposal, any policy issued may not be valid. If you are in doubt as to whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the agent but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Signature of Proposer & Company's Stamp

Date (dd/mm/yyyy)

For Official Use

Adviser's Name	Adviser's Code	Date (dd/mm/yyyy)	Policy Delivery <input type="checkbox"/> Hand <input type="checkbox"/> Mail
Policy No.	Premium	Remarks	