Income Insurance Limited | UEN: 202135698W
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Tel: 6788 1777 · Fax: 6338 1500
Enquiries: www.income.com.sg/enquiry

Application for Professional Indemnity Insurance (For Individual Healthcare Practitioners)

Statement under section 23(5) of Insurance Act 1966 (or any future amendments to it)
You must reveal all facts you know, or ought to know, which may affect the insurance cover you are applying for. Otherwise, the insurance policy may not be valid.

THIS PROPOSAL IS TO BE COMPLETED BY THE PROPOSER OR AN AUTHORIZED REPRESENTATIVE OF THE PROPOSER. ALL QUESTIONS SHOULD BE ANSWERED FULLY AND ACCURATELY.

SIGNING OF THIS PROPOSAL DOES NOT BIND INCOME INSURANCE LIMITED ("INCOME") TO OFFER, NOR THE PROPOSER TO ACCEPT INSURANCE, BUT IT IS AGREED THAT THIS PROPOSAL SHALL BE THE BASIS OF ANY INSURANCE ISSUED. NO INFERENCE SHOULD BE MADE, HOWEVER, FROM THE INCLUSION OF ANY QUESTION IN THIS PROPOSAL THAT THE SUBJECT MATTER TO WHICH THAT QUESTION RELATES WILL BE COVERED UNDER THE POLICY. THE POLICY TERMS ARE ONLY AS STATED IN THE POLICY WHICH SHOULD BE READ CAREFULLY.

ATTENTION IS DRAWN TO THE PROPOSER'S OBLIGATIONS AT LAW TO DISCLOSE ALL MATERIAL FACTS WHICH WOULD AFFECT THE ISSUANCE OF THE PROPOSED INSURANCE.

If there is insufficient space to complete the proposal, please continue on a separate signed and dated sheet of paper.

1. DETAILS OF PROPOSER (The Insured if policy is issued)

1.1 Name : ……

1.2 NRIC / Passport Number : ……

1.2a Singaporean/ PR : ……..

1.2b Nationality of PR : ……..

1.2c Residential Country : ……..

1.2d Date of birth : ……..

1.2e Gender : Male □ Female □

1.2f Email address : ……..

1.2g Contact number : (Office) …… (Home)……

(Mobile)……..(Fax) ……

1.3 Address of primary practice : ……

……
is the above same as the correspondence address ☐ Yes ☐ No (if No, Pls provide below:)

……

1.4 Registration body : ……

1.5 Registration number : ……

1.6 Registration date: ……

1.7 Registration type: ……

1.8 Please list any medical associations or professional organization you are a member of: ……

1.9 Have you ever had your license or membership in any of the above revoked, refused, suspended, withdrawn or had conditions imposed at any time? If yes, pls provide full details:

……

2. PROFESSION TO BE INSURED

2.1 Description of profession: _____

Please attach literature, brochures, annual reports, etc on the business.

2.2 Qualification

Institution	Qualification	Year Obtained

3. INSURANCE COVER REQUESTED

3.1 Please provide the following details:

a) Limit of Liability requested: SGD **……**

b) Retention requested: SGD **……**

c) Policy Period:

From…… To.....

4. DIVISION OF WORK

Please breakdown your specialties/sub-specialties in the list below by work volume:

Description	(%)	Description	%
Acupuncturists	……	Otorhinolaryngologists	……
Allergists	……	Pathologists	……
Anesthesiologists	……	Pediatricians	……
Broncho-Esophagologists	……	Physicians - General Practitioners	……
Cardiologists	……	Physiotherapists	……
Chiropractors	……	Podiatrists	……
Dentists	……	Psychiatrists	……
Dermatologists	……	Psychoanalyst	……
Emergency Medicine	……	Psychosomatic Medicine	……
Endocrinologists	……	Radiologists	……
Gastroenterologists	……	Rheumatologists	……
Gynecologists	……	Rhinologists	……
Hematologists	……	Roentgenologists	……
Internal Medicine	……	Surgeons - Cardiovascular disease	……
Laryngologists	……	Surgeons – cosmetic/plastic	……
Legal/Forensic Medicine	……	Surgeons - Gynecology/Obstetrics	……
Lung/Chest Specialists	……	Surgeons – Internal Medicine	……
Midwives	……	Surgeons – Neurology	……
Miscellaneous Practitioners - NOC	……	Surgeons – Ophthalmology	……
Nephrologists	……	Surgeons – Oral and Dental	……
Neurologists	……	Surgeons – Orthopedic	……
Nuclear Medicine	……	Surgeons - Otorhinolaryngology	……
Nurses	……	Surgeons – General - NOC	……
Obstetricians	……	Urologists	……
Ophthalmologists	……	Veterinarians	……
Optometrists	……	Others (Please specify)	
Orthodontists	……	……	……
Otologists	……	……	……
		Total:	100%

5. FEE INCOME

5.1 Please provide your gross fee income:

Past year: ……
Current year: ……
Coming Year: ……

5.2 Please indicate your patient demographic:

Singapore (%)	Other Asia (%)	Australia / NZ (%)	Europe (%)	USA / Canada (%)	Others (%)	Total
						100%

6. RISK MANAGEMENT

6.1. Do you maintain accurate and descriptive records of all medical services rendered, and equipment used in procedure? ☐Yes ☐No

6.2. Is informed consent obtained from each patient and documented in their medical record? ☐Yes ☐No

If **No**, how often is informed consent obtained?
_____

6.3. Do you have facilities for sterilisation of instruments in accordance with relevant guidelines/ standards applying to your industry? ☐Yes ☐No

6.4. Do you have a written procedure for the reporting of incidents and adverse events? ☐Yes ☐No

7. PROCEDURES AND SERVICES

7.1 Do you perform any one of the following procedures?

a) Major surgery Yes □ No □
Major surgery includes, but is not limited to tonsillectomies, adenoidectomies, cesarean sections and abortions.

b) Administering general anesthesia Yes □ No □

7.2 Do you:

a) maintain recovery beds for your patients on your premises or in a hospital? Yes □ No □

b) work in an emergency room? Yes □ No □

Please provide details for all 'Yes' responses in a separate signed and dated sheet of paper.

8. FOR VETERINARIANS ONLY

Do you treat other than household pets? Yes □ No □

If 'Yes', please provide details below:

9. LOSS EXPERIENCE

Have you ever been the subject of disciplinary action or investigation by any authority or regulator or professional body? Yes □ No □

Have any claims ever been made, or lawsuits been brought against you? Yes □ No □

Contract of insurance? Yes □ No □

Please provide full details for all 'Yes' responses: ……

……

9.1 Please indicate all losses paid or now reserved (whether or not resulting in claims) in the past in the format below:

Year	Total No. of Claims	Amount Paid	Outstanding Claims Reserves
20_			

10. PRIOR INSURANCE

10.1 Please provide details of your current or last (if not currently insured) Professional Indemnity (PI) insurance coverage:

Policy Period	Insurer	Policy Limit of Liability	Retention	Retroactive Date
20_				

In respect of Professional Indemnity insurance, has any insurer ever declined a proposal, refused renewal, cancelled such insurance or imposed special terms to the Proposer or any of the present or past partners or principals? Yes □ No □

If 'Yes', please provide full details including the name of insurer: ……

……

Personal Data Use Statement

By providing the information and submitting this application or transaction, I/we consent and agree to Income Insurance Limited ("Income"), its representatives, agents, relevant third parties (referred to in Income's Privacy Policy at https://www.income.com.sg/privacy-policy), Income's appointed insurance intermediaries and their respective third party service providers and representatives (collectively "Income Parties") to collect, use, and disclose any personal data in this form or obtained from other sources, including existing personal data provided, any future updates and subsequent information on my/our health or financial situation (collectively "personal data") for the purposes of processing and administering my/our insurance application or transaction, managing my/our relationship and policies with Income including providing me/us with financial advice/ financial planning services, sending me/us corporate communication and information on products and/or services related to my/our ongoing relationship with Income, conducting research and data analytics, and in the manner and for other purposes described in Income's Privacy Policy.

Where the personal data of another person(s) (for example, personal data of the insured person, my family, employee, payee/payer or beneficiary) is provided by me/us (whether in this or subsequent submissions) or from other sources to Income Parties, I/we represent and warrant that:

- I/we have obtained their consent for the collection, use and disclosure of their personal data; and
- I am/we are authorised to give any authorization and approval on their behalf for the purposes as set out in this Personal Data Use Statement.

Please refer to Income's Privacy Policy (https://www.income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal.

Marketing Consent

We at Income value our customers and would love to share exclusive offers (such as rewards, privileges, events and discounts) and information about products and services ("Marketing and Promotional messages") offered by Income, our business partners and NTUC Enterprise group of social enterprises ("NE Group") that may be useful to you and your family.

If you would like to hear from us, please provide your consent by selecting your preference(s) in receiving Marketing and Promotional messages from Income, our representatives, agents, appointed service providers, business partners, insurance intermediaries and NE Group (collectively "Income Partners"):

☐ Postal mail ☐ Email ☐ Phone call ☐ Phone messages*

**Phone messages include text, picture, video and audio message that are sent to your telephone number via SMS, MMS or messaging apps such as WhatsApp, Telegram or WeChat.*

By indicating your preference(s) above, your consent to receive Marketing and Promotional messages:

(a) includes allowing Income Partners to collect, use and disclose your contact details to send you Marketing and Promotional messages;
(b) is regardless of your policy status and whether this application or transaction is accepted or refused by Income; and
(c) is in addition to any previous marketing consent which you may have provided to Income.

All consent in receiving Marketing and Promotional messages shall remain valid until it is withdrawn and notified to Income. You may withdraw your consent at any time by submitting your request at https://www.income.com.sg/enquiry. Income will process your request within 10 days, and you will stop receiving Marketing and Promotional messages after 21 days only for the mode(s) of communications indicated in your request.

You may refer to Income's Privacy Policy (https://www.income.com.sg/privacy-policy) for more information, including access and correction to personal data and consent withdrawal.

Declaration and Authorisation

I declare that the statements and particulars in this proposal form are true and no material facts have been mis-stated, misrepresented or suppressed **AFTER ENQUIRY**. I agree that this proposal form, together with any other information supplied by me shall form the basis of and shall be incorporated into any contract of insurance which may be concluded between the Proposer and Income.

I undertake to immediately inform Income of any material alteration to these facts occurring before completion of the contract of insurance.

I confirm (a) that I understand and agree to the collection, use and disclosure of my personal data as stated in the "Personal Data Use Statement" (PDUS); (b) on the representation and warranty made in the PDUS; (c) on the preference(s) where I have indicated my consent (if any) to receive Marketing and Promotional messages.

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 intermediary but was not included in the proposal. Please check to ensure you are fully satisfied with the information declared in this proposal.

Signature	:	.....	Designation	:	.....
Name	:	.....	Date (dd/mm/yyyy)	:	.....

FOR OFFICE USE ONLY

Representative:	Code No:
Date:	Policy No:
Rate:	Premium:
Remarks:	