

Application for Medical Indemnity insurance

Statement under section 25(5) of Insurance Act, Cap. 142 (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. Otherwise, the insurance policy may not be valid.

Important 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 (“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 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, 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 or passport number

Date of birth (dd/mm/yyyy)

Gender

Male Female

Residential address

Postal code

Address of business premises

Postal code

Contact number

(Office)

(Home)

(Handphone)

(Fax)

Correspondence address

Postal code

Email

Details of practice

1. Place of Registration (Singapore)

2. Date Registered (dd/mm/yyyy)

3. Registration number

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

Family Medicine – Procedural

SAF Regular MO - Medium Risk

High Risk

Family Medicine – 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", Name of Organisation : _____	
Date joined (dd/mm/yyyy) : _____	
8. Are you still a member of the organisation?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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)

Personal data collection statement

Income recognises its obligations under the Personal Data Protection Act 2012 (PDPA) which include the collection, use and disclosure of personal data for the purpose for which an individual has given consent to.

The personal data collected by Income includes all personal data provided in this form, or in any document provided, or to be provided to us by you or your insured persons or from other sources, for the purpose of this insurance application or transaction. It includes all personal data for us to evaluate or administer this application or transaction. For example, if you are applying for an insurance policy, in addition to the personal data provided in the application form, the personal data will also include any subsequent information we collect on health or financial situation, or any information that is necessary for us to decide whether to insure and on what terms to insure, such as test results, medical examination results, and health records from medical practitioners or other insurance companies.

You may not alter any of the wording in this 'Personal data collection statement'. Any attempt to do so will be of no effect.

1. Purpose of collection

We may collect and use the personal data to:

- (a) carry out identity checks;
- (b) carry out membership or information checks;
- (c) communicate on purposes relating to an application or policy;
- (d) decide whether to insure or continue to insure you and your insured persons;
- (e) determine and verify your creditworthiness for the financial and insurance products you apply for;
- (f) provide financial advice for product recommendation based on your financial needs analysis;
- (g) provide ongoing services and respond to your inquiries or instructions;
- (h) make or obtain payments;
- (i) investigate and settle claims;
- (j) recover any debt owed to us;
- (k) detect and prevent fraud, unlawful or improper activities;
- (l) conduct research and statistical analysis;
- (m) coach employees and monitor for quality assurance;
- (n) reinsure risks and for reinsurance administration;
- (o) comply with all applicable laws, including reporting to regulatory and industry entities; and
- (p) inform you of our philanthropic and charity initiatives, i.e. OrangeAid, including soliciting donations, acknowledging donations, and facilitating tax exemption.

2. Disclosure of personal data

We may disclose personal data belonging to you and your insured persons for the purposes set out in Section 1 above to these parties:

- (a) your insurance agents, insurance brokers or association;
- (b) medical professionals and institutions;
- (c) insurers and reinsurers;
- (d) local or overseas service providers to provide us with services such as courier service, survey, printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- (e) debt collection agencies;
- (f) dispute resolution parties;
- (g) parties that assist us to investigate, administer and adjudicate claims;
- (h) financial institutions;
- (i) credit reference agencies;
- (j) industry associations; and
- (k) regulators, law enforcement and government agencies.

3. Consequence of withdrawing consent to the collection, use and disclosure of personal data

You may refuse or withdraw your consent for us to collect, use or disclose your personal data and your insured persons' personal data by giving us reasonable notice so long as there are no legal or contractual restrictions preventing you from doing so. For example, you may withdraw your consent for your personal data to be used for marketing purposes, and this withdrawal will not affect our ability to provide you with the products and services that you asked for or have with us.

But if you withdraw your consent for us to use your personal data for your insurance matters, this will affect our ability to provide you with the products and services that you asked for or have with us, including preventing us from keeping your insurance cover in force or properly assessing and processing your claim. Withdrawing such consent will require you to surrender or terminate all your policies with us.

4. Access and correction rights

You can request access to any personal data of yours that we have, and request to know how it is being used and disclosed for the last 12 months to the extent your right is allowed by law. If we allow you access, we may charge you a reasonable fee. You also have the right to request correction of your personal data.

5. Consent to receive marketing materials

By signing up for this product or service, I give my consent to Income to collect, use and disclose my personal data, and contact me via email and post, for both rewards and privileges, marketing and promotional purposes.

In addition, by checking the boxes below, I consent to being contacted by you via telephone calls, SMS and other phone number-based messaging about products and services offered by Income, regardless of my registration(s) with the Do Not Call registry.

Call Text messages/SMS

I agree that Income will use the contact particulars, including any update that I have given to Income, to contact me.

I may withdraw my above consent by contacting Income Contact Center at 6788 1777 or DPO@income.com.sg.

Please refer to www.income.com.sg/privacy-policy for more information.

Declaration and authorisation

- 1 I declare that the above information is true, correct and complete, and whether written by me or by anyone else on my behalf, I accept full responsibility for them.
- 2 I have not withheld any material information. I agree that this proposal and other written statement, information or declaration made by me or on my behalf shall form the basis of the contract of insurance between me and Income.
- 3 I acknowledge that the liability of Income does not commence until this proposal has been accepted and the premium paid and received in full by Income.
- 4 I confirm that I understand and agree to the 'Personal data collection statement'.

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 of proposer

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	