

Application for Medical Indemnity Insurance

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.

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 <input type="checkbox"/> Female <input type="checkbox"/>	Singaporean/ PR	Nationality of PR :	Residential Country:
Residential address				Postal code	
Address of business premises				Postal code	
Contact number (Office)		(Home)		(Handphone)	
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)		
<input type="checkbox"/> Obstetric Risk	<input type="checkbox"/> Medium Risk	
<input type="checkbox"/> Gynaecology	<input type="checkbox"/> Low Risk	
<input type="checkbox"/> Office Gynaecology	<input type="checkbox"/> Family Medicine – Procedural	
<input type="checkbox"/> High Risk	<input type="checkbox"/> Family Medicine – Non Procedural	
6. If you are employed, does your employer indemnify you for your work? If "Yes", please provide full details		Yes No

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 or insured by this organization? Yes No
If "No", please state: Last date of membership or insurance expiry : _____
Reasons for discontinuing membership or lapsing the insurance policy : _____
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)

Personal data collection 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

- 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 (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 of proposer

Date (dd/mm/yyyy)

For official use

Adviser's name	Adviser's code	Date (dd/mm/yyyy)	Policy delivery Hand Mail
Policy No.	Premium	Remarks	