

Application for Medical Indemnity Insurance for TCM 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..

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 Income Insurance Limited ("Income") to offer, nor the proposer to accept insurance, but it is agreed that this proposal shall be 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\$500,000 any one incident / any one period of insurance

(ii) on a "claims made" basis

This means that subject to its terms and conditions Income's insurance policy covers you:

(a) for any claims made or the legal costs incurred in representing you at any enquiry, inquest or disciplinary proceedings instigated against you during the period of insurance; and

(b) if you give Income notice in writing of facts which might give rise to a claim against you as soon as possible but not later than 30 days after you became aware of those facts, but before the period of insurance expires, then any claim made against you arising from those facts even if it is not made against you until after the period of insurance has expired.

This policy will NOT respond to:

(i) claims or circumstances known or notified prior to the inception of this policy

(ii) claims or circumstances notified after the expiry of this policy irrespective of the date of the occurrence involved.

Particulars of proposer

Name (as shown in NRIC) / Title

NRIC or passport number	Date of birth (dd/mm/yyyy)	Gender Male ☐ Female ☐	Singaporean/ PR	Nationality of PR :	Residential Country:
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Residential address

Postal code

Address of business premises

Postal code

Contact number

(Office)

(Home)

(Handphone)

(Fax)

Correspondence address

Postal code

Email

Details of practice

Qualifications	Date obtained (dd/mm/yyyy)
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University / Training institute

Year commenced practice

Place of registration (Singapore)

Date registered (dd/mm/yyyy)

Registration number

Specialisation

Risk category (Please tick accordingly)

☐ Acupuncturist

☐ Physician

If you are employed, does your employer indemnify you for your work? If "Yes", please provide full details

☐ Yes

☐ No

Details of insurance

Limit of Indemnity : \$500,000 any one incident/any one period of insurance

Excess: \$1,000 each and every claim

Period of Insurance: 1 year from _____ (dd/mm/yyyy)
(Cover will only commence upon receipt of full premium)

Details of previous insurance/claims

Have you ever held a policy of medical indemnity insurance?

☐ Yes ☐ No

If "Yes", Name of Insurance Company : _____

Date joined (dd/mm/yyyy) : _____

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)

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)

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

- 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 number	Premium	Remarks	