

# Chubb Elite Medical Malpractice Insurance

## Proposal Form - For Individual Healthcare Practitioners

CHUBB®

### Important Notices to the Applicant

**Statement pursuant to Section 25 (5) of the Insurance Act (Cap. 142) (or any subsequent amendments thereof) - You are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the policy issued hereunder may be void.**

#### **Your Duty of Disclosure**

Before you enter into a contract of general insurance with an Insurer, you have a duty to disclose to the Insurer every matter that you know, or could reasonably be expected to know, is relevant to the Insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the Insurer;
- that is of common knowledge;
- that your Insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with your duty is waived by the Insurer.

It is important that all information contained in this proposal is understood by you and is correct, as you will be bound by your answers

and by the information provided by you in this proposal. You should obtain advice before you sign this proposal if you do not properly understand any part of it.

Your duty of disclosure continues after the proposal has been completed up until the contract of insurance is entered into.

#### **Non-Disclosure**

If you fail to comply with your duty of disclosure, the Insurer may be entitled to void the contract from its beginning.

If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning, to retain any premium that you have paid for this contract of insurance.

#### **Change of Risk or Circumstances**

You should advise the Insurer as soon as practicable of any change to your normal business as disclosed in the proposal, such as changes in location, acquisitions and new overseas activities.

#### **Subrogation**

Where you have agreed with another person or company, who would otherwise be liable to compensate you for any loss or damage which is covered by the policy, that you will not seek to recover such loss or damage from that person, the Insurer will not cover you, to the extent permitted by law, for such loss or damage.

**Instructions to the Applicant**

- A. This form is intended for individual healthcare practitioners. These include, but are not limited to, physicians, surgeons, dentists, pharmacists, physician assistants, nurses and other allied health and therapeutic care practitioners.
- B. You must answer **all** the questions in this form. If a question is not applicable, state “N/A”. If more space is required to answer a question, continue on your letterhead.
- C. If you are a new practice, use the projected figures from your business plan.
- D. If you have any questions concerning this proposal, please contact your insurance broker or adviser to discuss.

**Application for Insurance Cover**

Period of Insurance From DD / MM / YYYY To DD / MM / YYYY

Limit of Liability Required Option 1 SGD \_\_\_\_\_ Option 2 SGD \_\_\_\_\_

Excess / Deductible Requested Option 1 SGD \_\_\_\_\_ Option 2 SGD \_\_\_\_\_

Retroactive Date DD / MM / YYYY

Are you requesting cover for Cyber and Privacy Infringement Liability?  Yes  No

**1. Details of Applicant**

Name: \_\_\_\_\_

Date of Birth: DD / MM / YYYY Gender:  Male  Female

1.1. Primary practice address

\_\_\_\_\_  
 \_\_\_\_\_ Postal Code \_\_\_\_\_

1.2. Are you duly licensed to practice at the address(es) specified?  Yes  No

1.3. Contact phone number \_\_\_\_\_

1.4. Email Address \_\_\_\_\_

1.5. Please indicate your qualifications.

Institution	Degree or Qualification	Year Obtained

1.6 Please provide the details of your registration below:

- a) Licensing / Registration Body: \_\_\_\_\_
- b) Registration Number: \_\_\_\_\_
- c) Registration Date: \_\_\_\_\_
- d) Registration Type: \_\_\_\_\_
- e) Date of first Registration: \_\_\_\_\_

1.7 Other Registration Details (where applicable).

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1.8 Please list any medical societies & associations you are a member of.

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Have you ever had any of the above declared in questions 1.6, 1.7 and 1.8 refused, suspended, withdrawn or had conditions imposed at any time?  Yes  No

If **Yes**, please provide details on a separate sheet, noting the Section number.

**2. Details of Healthcare Services**

2.1 Please indicate your classification and volume of work performed below:

Specialisation	%	Specialisation	%
<b>Doctor</b>			
Anaesthesiology		General Practitioner	
Cardiology		Ophthalmology (including LASIK & laser)	
Dermatology		Paediatrics (no surgery)	
Dentist - Cosmetic Dentistry		Psychiatry	
Dentist - Employer Indemnified		Radiology	
Dentist - Endodontist / Periodontist / Prosthodontist		Other (please specify):	
Dentist - General Dentistry			
Gastroenterology		<b>Total</b>	<b>100%</b>
<b>Surgeon</b>			
Bariatric Surgery		Oncology	
Cardiothoracic Surgery		Oral Maxillofacial Surgery	
Ear / Nose / Throat		Orthopaedic Surgery	
General Surgery		Paediatric Surgery	
Gynaecology		Plastic Surgery (elective / cosmetic)	
Hand Surgery		Plastic Surgery (reconstructive)	
Neurosurgery		Other (please specify):	
Obstetrics / maternity		<b>Total</b>	<b>100%</b>
<b>Allied Health &amp; Ancillary Staff</b>			
Counsellor		Optometrist	
Chinese Medicine Practitioner		Osteopath	
Chiropractor		Pharmacist	

Dental Assistants - Therapist, Hygienist, Technician		Physiotherapist	
Diagnostic Radiographer		Podiatrist	
Healthcare Assistant / Worker		Psychologist	
Massage Therapist		Therapist Aide	
Midwife		Other (please specify):	
Nurse			
Occupational Therapist		<b>Total</b>	<b>100%</b>

2.2 Please provide details of your income and patient numbers:

Year	Income	Number of Patients
Current year (est.)	SGD	
Past year	SGD	

2.3 Do you provide healthcare services in your host country only?  Yes  No

If **No**, please provide the breakdown of overseas services below:

Year	Country	Income	Number of Patients
Current year (est.)		SGD	
Past year		SGD	

### 3. Risk Management

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

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

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

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

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

### 4. Insurance History

4.1. Do you currently have medical malpractice?  Yes  No

If **Yes**, please provide details.

Period of Insurance	Insurer	Policy Limit (SGD)	Excess (SGD)	Retroactive Date

4.2. Have you ever had any application for medical malpractice insurance refused, or had any medical malpractice insurance coverage rescinded or cancelled?  Yes  No

If **Yes**, please provide brief details on a separate sheet, noting the Section number.

**5. Claims Experience**

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

5.2. Are you aware of any errors, omissions, offences, circumstances or allegations which might result in a claim being made against you?  Yes  No

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

5.4. Have you ever been the subject of a criminal investigation or had criminal charges brought against you?  Yes  No  
For the purposes of this question, please disregard traffic or minor motor vehicle licensing offences.

If you had answered **Yes** to any of the questions in this section, please provide full details and the status of each claim, lawsuit, allegation or matter, including:

- the date of the claim, suit or allegation
- the date you notified your previous insurers
- the name of the claimant(s) and the establishment(s)
- the allegations made against you
- the amount claimed by the claimant(s)
- whether the status is outstanding or finalised
- the amounts paid for claims and defence costs to date

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## Declaration & Signature

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I have read and understood the Important Notices contained in this application.

I agree that this proposal, together with any other information or documents supplied with this proposal, will form the basis of any contract of insurance.

I acknowledge that if this application is accepted, the contract of insurance will be subject to the terms and conditions as set out in the policy wording as issued or as otherwise specifically varied in writing by the insurer.

I declare, after inquiry of all relevant persons within our organisation, that the statements, particulars and information contained in this application and in any documents accompanying this application are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.

I undertake to inform the insurer of any material alteration to those facts before completion of the contract of insurance.

### Commission Disclosure

The Proposer understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by Chubb, Chubb will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.

This form must be reviewed, signed and dated by a duly authorised Principal, Partner or Director. The authorised person who signs on behalf of the Proposer further confirms to Chubb that he or she is authorised to do so.

## Personal Information Collection Statement

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Chubb Insurance Singapore Limited (“Chubb”) is committed to protecting your personal data. Chubb collects, uses, discloses and retains your personal data in accordance with the Personal Data Protection Act 2012 and our own policies and procedures. Our Personal Data Protection Policy is available upon request. Chubb collects your personal data (which may include health information) when you apply for, change or renew an insurance policy with us, or when we process a claim. We collect your personal data to assess your application for insurance, to provide you with competitive insurance products and services and administer them, and to handle any claim that may be made under a policy. If you do not provide us with your personal data, then we may not be able to provide you with insurance products or services or respond to a claim.

We may disclose the personal data we collect to third parties for and in connection with such purposes, including contractors and contracted service providers engaged by us to deliver our services or carry out certain business activities on our behalf (such as actuaries, loss adjusters, claims investigators, claims handlers, third party administrators, call centres and professional advisors, including doctors and other medical service providers), other companies within the Chubb Group, other insurers, our reinsurers, and government agencies (where we are required to by law). These third parties may be located outside of Singapore.

You consent to us using and disclosing your personal data as set out above. This consent remains valid until you alter or revoke it by providing written notice to Chubb’s Data Protection Officer (“DPO”) (contact details provided below). If you withdraw your consent, then we may not be able to provide you with insurance products or services or respond to a claim.

From time to time, we may use your personal data to send you offers or information regarding our products and services that may be of interest to you. If you do not wish to receive such information, please provide written notice to Chubb’s DPO.

If you would like to obtain a copy of Chubb’s Personal Data Protection Policy, access a copy of your personal data, correct or update your personal data, or have a complaint or want more information about how Chubb manages your personal data, please contact Chubb’s DPO at:

Chubb Data Protection Officer  
Chubb Insurance Singapore Limited  
138 Market Street  
#11-01 CapitaGreen  
Singapore 048946  
E dpo.sg@chubb.com

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Signature

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Name of Signatory

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Date

### Contact Us

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Chubb. Insured.<sup>TM</sup>