MEDICAL PRACTITIONERS INDEMNITY
MALAYSIAN MEDICAL ASSOCIATION

JLT

PROPOSAL FORM 2018

MEDICAL PRACTITIONERS INDEMNITY (MPI) INSURANCE

Government Locum/ Semi- Retired & Part time Doctor

Endorsed by:

Insured by:
PACIFIC & ORIENT INSURANCE CO BHD

IMPORTANT NOTICES

1. Pursuant to Paragraph 4 (I) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to Insurers' decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.
2. The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us. You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.
3. This Proposal Form must be completed and signed by you. If the Form is completed by any other person, you must ensure that you are aware of all information stated herein.

SECTION 1: PERSONAL DETAILS

Full Name

NRIC No. / Passport

Gender ☐ **Male** ☐ **Female**

Date of Birth

Telephone No.

Email

Mobile No.

MMC No.

MMA Members ☐ **Yes** ☐ **No**

Mailing Address

Postal Code

City

State

Country

Primary Place of Practice

Secondary Place of Practice (if applicable)

Please attach copies of your Annual Practicing Certificate and the Full Registration Certificate with this Proposal Form.

SECTION 2: INSURANCE HISTORY

1. Do you currently have medical professional indemnity insurance? ☐ **Yes** ☐ **No**

If 'YES', please provide further details:

a. Name of Current Indemnity Provider / Insurer

b. Expiry Date of Current Policy

2. Have you ever had any medical professional indemnity insurance before? ☐ **Yes** ☐ **No**

If 'YES', please provide further details:

a. Name of Indemnity Provider / Insurer

b. Period of Insurance

3. Have you ever been refused medical professional indemnity before? ☐ **Yes** ☐ **No**

If 'YES', please provide further details:

SECTION 3: CLAIMS HISTORY

1. Are you aware of any claim or threat against you now or have you ever been involved, directly or indirectly in a claim, or suit arising from your practice? ☐ Yes ☐ No
2. Are you aware of any circumstance or incident that may give rise to a claim against you in the future? ☐ Yes ☐ No
3. Have you ever been subjected to any disciplinary / coronial inquiry, investigation or complaint by a regulatory body or council (e.g. MMC)? ☐ Yes ☐ No

If you have answered "YES" to any of the above questions, it is important to complete following table and attach any relevant documents with regard to your claim, circumstance, inquiry or investigation. You may use Section 6 to provide more details if necessary

No.	Date of Notification to Insurer (Writ / Letter of Demand / Circumstance)	Name of Claimant(s) / Potential Claimant(s) with Brief Details	Estimated / Actual Amount for Claim including Legal Costs	Settled (Yes / No)
1				
2				
3				

SECTION 4: POLICY DETAILS

A. MEDICAL STATUS & REGISTERED SPECIALTY

B. SUBSCRIPTION LIMIT (PER ANNUM)

Please tick the appropriate box and provide your registered specialty (if any) and refer to Section 5 & Attachment 1

☐ Government Doctor
☐ General Medical Practitioner
☐ General Medical Practitioner with Obstetrics
☐ Low Risk
☐ Medium Risk
☐ High Risk
☐ Additional Specialty

☐ RM 250,000 (Only for Government Doctor)
☐ RM 1,000,000
☐ RM 1,500,000
☐ RM 2,000,000
☐ RM 3,000,000
☐ RM 5,000,000
☐ RM 10,000,000
☐ Additional Limit Reinstatement

Insurance to Commence From

_______ to 31/12/2018

****Premium Payable: RM**

**Pro rated premium is available for coverage less than 12 months and up to 18 months.

Reminder: Please add 10% if you opt for Additional Limit Reinstatement

SECTION 5: CATEGORIES OF SPECIALTIES

GENERAL MEDICAL PRACTITIONERS WITH OBSTETRICS

- Care of Patient and Management of Pregnancy Beyond 24 Weeks Gestation excluding Deliveries

SPECIALTY - LOW RISK

- Audiological Medicine
- Blood Transfusion
- Clinical Cytogenetics
- Clinical Genetics
- Clinical Immunology and Allergy
- Cosmetic and Aesthetic*
- Dermatology
- Endocrinology
- General Medicine
- Genito-urinary Medicine
- Geriatric Medicine
- Haematology
- Immunology
- Infectious Diseases
- Nephrology
- Nuclear Medicine
- Oncology
- Ophthalmology with No Laser Refractive Surgery – Except Cataracts
- Paediatrics
- Palliative Medicine
- Pathology
- Pharmaceutical Physician
- Physiology
- Public Health
- Preventative Medicine
- Psychiatry
- Rehabilitation Medicine
- Renal Medicine
- Respiratory Medicine
- Rheumatology
- Sports Medicine
- Thoracic Medicine

- * Non-invasive elective topical enhancement of patient's external appearance, including injections.

SPECIALTY - MEDIUM RISK

- Accident and Emergency
- Anaesthetics
- Cardiology
- Cardiothoracic Surgery
- Colorectal Surgery
- Cosmetic and Aesthetic
- Endocrine Surgery
- Gastroenterology
- General Surgery excluding Bariatric Surgery
- Intensive Care
- Neonatology
- Neurology
- Ophthalmic Surgery
- Oral and Maxillo-Facial Surgery
- Otorhinolaryngology (Ear, Nose, Throat)
- Paediatric Surgery
- Radiology
- Radiotherapy
- Thoracic Surgery
- Urology
- Vascular Surgery

SPECIALTY - HIGH RISK

- Bariatric Surgery
- Cosmetic and Aesthetic Surgery:
- Elective Alteration of Patient's External Appearance
- Gynaecology
- Neurosurgery
- Obstetrics and Gynaecology: Care of Patient and Management of Pregnancy Beyond 24 Weeks Gestation
- Orthopaedic and Trauma Surgery
- Plastic and Reconstructive Surgery
- Spinal Surgery: Treatment and Management of Spinal Trauma, Degenerative Diseases / Conditions, Deformities, Infections and Tumours, including but not limited to, Stabilization with Instrumented Fusion for Degenerative and Neoplastic Conditions

SECTION 6: ADDITIONAL INFORMATION

SECTION 7: SUBMISSION & METHODS OF PAYMENT

The completed Proposal Form can be submitted via Post / Fax / Email as shown below:

JARDINE LLOYD THOMPSON SDN BHD
42-01, Level 42, Q Sentral,
2A Jalan Stesen Sentral 2,
50470 Kuala Lumpur

T : +60 3 2723 3388
F : +60 3 2723 3399
E : mpi@jltasia.com

METHODS OF PAYMENT

1. By Cheque to JLT SDN BHD Cheque No.

2. By Bank Transfer To
   HSBC AMANAH MALAYSIA BERHAD
   Account Name : Jardine Lloyd Thompson Sdn Bhd
   Account No. : 001-503556-022
   Please attach a copy of your Bank Transfer Slip for confirmation of payment.

3. By JomPay
   Biller Code : 4143
   Reference 1 : Your Full Name
   Reference 2 : Your NRIC
   Please attach a copy of the Transaction Slip for confirmation of payment.

Please note that cover is subject to the terms and conditions of the policy. The process for cover may take 3 - 10 business days.

SECTION 8: DECLARATION

A. AUTHORITY TO INSURERS AND OTHER PARTIES

Authorisation: I/We hereby authorise Insurers and/or Adjusters and/or Lawyers to disclose from time-to-time such information arising from any claim under the insurance cover for the sole purpose of the management of Scheme and its Risk Management objectives.

B. GOODS AND SERVICES TAX ACT 762 (2014)

The Insured and/or Insured Person agrees to pay and to hold harmless the insurer for any taxes or other government charges (however denominated) imposed by the government with respect to the execution or delivery of this Policy and/or Agreement.

C. PERSONAL DATA PROTECTION ACT 709 (2010)

Insurer is committed and has put in place a Privacy Policy to safeguard the security and confidentiality of your personal information with us. In using our services and website, you acknowledge and agree to be bound by the terms of our Privacy Policy.

D. DECLARATION

1. My Locum/Part time work does not exceed 20 hours in a week or 1,000 hours in a year; and I comply with any and/or all Guidelines issued by the Ministry of Health in Malaysia in relation to Locum work.
2. My medical license or my privileges at any hospital or institution have never been revoked, suspended, restricted, or placed on probation;
3. I have never been investigated by any licensing board, narcotics board, or other governmental or regulatory agency nor any fee or professional relations complaints have ever been filed against me with medical associations, hospitals or licensing authorities;
4. I have not been indicted for, charged with, or convicted of, any act committed in violation of any law or ordinance other than traffic offenses;
5. No allegation or claim has ever been made against me regarding sexual harassment, sexual intimacy, exploitation or sexual assault in the conduct of my practice or otherwise;
6. I have never intentionally altered or falsified patient records or knowingly made any change, correction, or addition without properly noting it as such;
7. I have never been diagnosed or treated for alcoholism, drug addiction, any chemical dependency, or a mental or chronic physical illness;
8. With respect to my professional indemnity coverage, no insurance company or mutual has ever canceled, refused to renew or restricted my coverage.

☐ I am unable to make the above declaration for my professional history due to the reason(s) below:

I hereby declare and warrant that after enquiry, all the statements and particulars contained in this Form are true, and no information whatsoever has been withheld which might increase the risk of the Insurers or influence the acceptance of this proposal. Should the above particulars alter in any way, I will inform the Insurers as soon as it is practicable. I understand that failure to disclose any material fact which would be likely to influence the acceptance and assessment of the proposal may result in the Insurers refusing to provide indemnity or will invalidate the policy in every respect.

I agree and accept that this declaration shall be the basis of contract between myself and the Insurers upon the acceptance by me of the quotation afforded by the Insurers.

Date

Signature

Official Stamp

Name

MANAGED BY
JARDINE LLOYD THOMPSON SDN BHD
(016674-K)

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