



# Chubb Elite Medical Malpractice Insurance

## Proposal Form (For Individual Healthcare Practitioners)

CHUBB®

### Important Notices

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#### Your Duty of Disclosure

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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

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If you fail to comply with your duty of disclosure, the Insurer may be entitled to avoid 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.

#### Claims Made Contract

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Subject to its terms and conditions the policy will cover your legal liability for any claim:

- first made against you during the policy period;
- resulting from any circumstance of which you become aware during the policy period which may give rise to a future claim against you provided you immediately inform us in writing of such circumstances within the policy period.

The Policy will not cover your legal liability resulting from any claim, matter, occurrence or circumstance arising from any act, error or omission committed or alleged to have been committed of which you were aware before commencement of the policy period.

#### Change of Risk or Circumstances

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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

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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.

Chubb Elite Medical Malpractice Insurance Proposal Form (For Individual Healthcare Practitioners), Hong Kong. Published 07/2016.

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## Instructions To The Applicant

- This form is intended for healthcare practitioners for individual medical malpractice coverage as required by clinics, hospitals, medical centers and regulatory boards. This includes doctors, nurses, physiotherapists, etc.
- This proposal must be completed, signed and dated by a Principal, Partner or Director.
- 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.
- If you are a new business, use the projected figures from your business plan.
- 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:	To:
Limit of Liability Required	Option 1: HKD	Option 2: HKD
Excess/Deductible Requested	Option 1: HKD	Option 2: HKD
Retroactive		
Type of Insurance Requested	<input type="checkbox"/> Insurance	<input type="checkbox"/> Reinsurance
Are you requesting cover for Cyber and Privacy Infringement Liability?		<input type="checkbox"/> Yes <input type="checkbox"/> No

### 1. Details of Applicant

Name:			
Date of Birth:		Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
1.1 Primary Practice address:			
1.2 Are you duly licensed to practice at the address(es) specified?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
1.3 Contact phone number:			
1.4 Email address:			
1.5 Please indicate your qualification(s):			

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):		
1.8 Please list any medical societies & associations you are a member of:		
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? If YES, please provide details on a separate sheet, noting the Section number.	<input type="checkbox"/> Yes <input type="checkbox"/> No	



## 2. Details of Healthcare services

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

Specialisation	%	Specialisation	%
<b>Doctor</b>			
Anaesthesiology		Gastroenterology	
Cardiology		General Practitioner	
Dermatology		Ophthalmology (including LASIK & laser)	
Dentist – Cosmetic Dentistry		Paediatrics (no surgery)	
Dentist - Employer Indemnified		Psychiatry	
Dentist – Endodontist / Periodontist / Prosthodontist		Radiology	
Dentist – General Dentistry		Other (please specify):	
<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>Allied Health &amp; Ancillary Staff</b>			
Counsellor/Coaching		Nutritionist/Dietician	
Chinese Medicine Practitioner		Optometrist	
Chiropractor		Osteopath	
Dental Assistants - Hygienist, Technician		Pharmacist	
Diagnostic Radiographer		Occupational Therapist/Speech Therapist	
Healthcare Assistant/Worker		Physiotherapist	
Massage Therapist		Podiatrist/Chiropodist	
Midwife		Psychologist/Psychotherapist	
Naturopath		Therapist Aide	
Nurse – Enrolled/Registered		Other (please specify):	
		<b>Total for all the above</b>	<b>100%</b>

Please describe Activities or Business for **Others**, if chosen above for any categories, and indicate approximate % of Fee Income derived from the same

	%		%
	%		%
	%		%



2.2 Please provide details of your income and patient numbers:

Year	Income	No. of Patients
Current year (est.)		
Past year		

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	No. of Patients
Current year (est.)		HK\$	
Past year		HK\$	

3. Risk Management

3.1 Do you maintain accurate and descriptive records of all medical services rendered, and equipment used in procedures?  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?

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 hold medical malpractice insurance?  Yes  No  
If yes, please provide details.

Period of Insurance	Insurer	Policy Limit	Excess	Retroactive Date
		HK\$		
		HK\$		

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 details on a separate sheet, noting the Section number.

5. Claims Experience

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? 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

## Declaration

- We acknowledge that we have read and understood the Important Notices contained in this proposal.
- We agree that this proposal, together with any other information or documents supplied, shall form the basis of any contract of insurance.
- We acknowledge that if this proposal 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.
- We declare after enquiry that the statements, particulars and information contained in this proposal and in any documents accompanying this proposal are true and correct in every detail and that no other material facts have been misstated, suppressed or omitted.
- We undertake to inform the Insurer of any material alteration to those facts before completion of the contract of insurance/insurance policy period (if applicable).

## 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 Insurance Hong Kong Limited (Chubb), Chubb will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the Proposer is a body corporate, the authorized person who signs on behalf of the applicant further confirms to Chubb that he or she is authorized to do so.

The Proposer further understands that the above agreement is necessary for Chubb to proceed with the application.

The above disclosure statement is only applicable in situations where an insurance broker is used to purchase/place a policy.

## Personal Information Collection Statement

**The Company (“We/Us”)** want to ensure that Our **Insured Persons (“You”)** are confident that any personal data collected by **Us** is treated with the appropriate degree of confidentiality and privacy.

This Personal Information Collection Statement sets out the purposes for which **We** collect and use personally identifiable information provided by **You (“Personal Data”)**, the circumstances when **Personal Data** may be disclosed and information regarding Your rights to request access to and correction of **Personal Data**.

### (a) Purposes of Collection of Personal Data

**We** will collect and use **Personal Data** for the purposes of providing competitive insurance products and services to **You**, including considering Your application(s) for any new insurance policies and administering policies to be taken out with **Us**, arranging the cover and administering and managing Your and Our rights and obligations in relation to such cover. **We** also collect the **Personal Data** to be able to develop and identify products and services that may interest **You**, to conduct market or customer satisfaction research, and to develop, establish and administer alliances and other arrangements with other organisations in relation to the promotion, administration and use of Our respective products and services. **We** may also use your **Personal Data** in other ways with your consent.

### (b) Direct marketing

Only with your consent, **We** may also use your contact, demographic, policy and payment details to contact



**You** with marketing information regarding our insurance products by mail, email, phone or SMS.

**(c) Transfer of Personal Data**

Personal Data will be kept confidential and **We** will not sell Your **Personal Data** to any third party. **We** limit the disclosure of Your **Personal Data** but, subject to the provisions of any applicable law, Your **Personal Data** may be disclosed to:

- (i) third parties who assist **Us** to achieve the purposes set out in paragraphs a and b above. For example, **We** provide it to Our relevant staff and contractors, agents and others involved in the above purposes such as data processors, professional advisers, loss adjudicators and claims investigators, doctors and other medical service providers, emergency assistance providers, insurance reference bureaus or credit reference bureaus, government agencies, reinsurers and reinsurance brokers (which may include third parties located outside Hong Kong);
- (ii) Our parent and affiliated companies, or any company within Chubb local and outside Hong Kong;
- (iii) the insurance intermediary through which **You** accessed the system;
- (iv) provided to others for the purposes of public safety and law enforcement; and
- (v) other third parties with your consent.

With regard to the above transfers of **Personal Data**, where applicable, **You** consent to the transfer of Your **Personal Data** outside of Hong Kong.

**(d) Access and correction of Personal Data**

Under the **Personal Data** (Privacy) Ordinance ("PDPO"), **You** have the right to request access to and correction of **Personal Data** held by **Us** about **You** and **We** will grant **You** access to and correct Your **Personal Data** as requested by **You** unless there is an applicable exemption under the PDPO under which **We** may refuse to do so. **You** may also request **Us** to inform **You** of the type of **Personal Data** held by **Us** about **You**.

Requests for access or correction of **Personal Data** should be addressed in writing to:

Chubb Data Privacy Officer  
25th Floor, Shui On Centre  
No. 6-8 Harbour Road

Wanchai, Hong Kong  
O +852 3191 6222  
F +852 2519 3233  
E [Privacy.HK@chubb.com](mailto:Privacy.HK@chubb.com)

Your request to obtain access or correction will be considered within forty (40) days of Our receipt of Your request. **We** will not charge **You** for lodging a request for access to Your **Personal Data** and if **We** levy any charges for providing information, such charges will not be excessive. No fee is charged for data correction requests.

**Signature**

Applicant's Signature	Applicant Name:
Date (DD/MM/YY):	Position:



## ® Sun Flower Insurance Brokers Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong  
Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk [www.sunflowerVIP.com](http://www.sunflowerVIP.com)

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

## About Chubb in Hong Kong

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Chubb is the world's largest publicly traded property and casualty insurer. With both general and life insurance operations, Chubb has been present in Hong Kong for more than 90 years via acquisitions by its predecessor companies. Its general insurance operation in Hong Kong (Chubb Insurance Hong Kong Limited) is a niche and specialist general insurer. The company's product offerings include Property, Casualty, Marine, as well as Accident & Health programs for large corporates, midsized commercial and small business customers. Over the years, it has established strong client relationships by offering responsive service, developing innovative products and providing market leadership built on financial strength.

More information can be found at [www.chubb.com/hk](http://www.chubb.com/hk).

## Contact Us

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**Chubb. Insured.<sup>SM</sup>**

Chubb Elite Medical Malpractice Insurance Proposal Form (For Individual Healthcare Practitioners), Hong Kong. Published 07/2016.

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