



# 中醫師醫療責任保險

給中醫師提供全面責任保障



## 中醫師醫療責任保險

每位專業人士每天都要處理繁重的工作，一時疏忽實屬在所難免。在你以中醫師身份工作期間，如因專業疏忽而導致病人身體受傷、患病、精神受損甚至死亡，便需負上嚴重的法律責任和招致額外開支，後果將不堪設想，因此，你需要在工作時得到更全面的保障。昆士蘭聯保的「中醫師醫療責任保險」是專為註冊中醫師度身訂造的保險，保障受保人在醫療工作期間因專業疏忽而導致的法律責任和索償。

### 「中醫師醫療責任保險」簡介

中醫師醫療責任保險是一份為註冊中醫師度身訂造的保險，可保障受保人在醫療工作中因專業疏忽而導致之法律責任和索償。

### 最高賠償額（包括法律費用）

每一受保人之最高賠償額（單一索償或每一保險年度之最高合共賠償額）為五百萬港元（HK\$5,000,000），保障受保人因醫療工作之專業疏忽所引起的法律責任。

### 訴訟及法律代表之費用

訴訟及法律代表之費用往往為當事人帶來沉重負擔。在醫療事故或索償發生後，受保人應立即以書面申報，並由保險公司考慮安排法律代表及一切有關事宜。

### 自動附加保障

以下各項附加保障無需收取額外保費：

1. 死因調查之法律費用
2. 錯誤急救
3. 遺產及法定代表人的共同財產責任
4. 中藥錯配：只限於符合中醫藥條例（香港法例第549章）的指定草藥，不適用於不發出配劑的受保人。
5. 誹謗
6. 文件遺失

### 不保事項

1. 受保人的欺詐、不誠實、惡意、刑事或不合法行為。
2. 於香港範圍外發生之任何事故。
3. 在受保期生效前之已申報 / 應申報的事故或索償。
4. 任何並非受保人直接提供醫療服務所引起的索償。
5. 任何外科手術、整容、減肥、墮胎、植髮、美容或使用香港法例允許以外藥物。
6. 任何受酒精及 / 或藥物影響下所提供的醫療服務。

（以上為一般不保事項，所有細則均以保險公司最後發出之正式保單的英文條文為準。）

## 自負額（包括法律費用及其他有關費用）

以每一宗申報索償個案計算

- 中醫全科（方脈）首5,000港元
- 骨傷科首10,000港元
- 針灸科首20,000港元

## 索償事件之呈報

本保險保障在受保期內第三者首次提出而受保人呈報保險公司之索償事件。若第三者在受保期內提出索償要求，但受保人於受保期屆滿後才呈報保險公司，保險公司將不會受理該索償事件。

## 追溯日期之釐定

本保險保障在追溯日期後發生之醫療失誤。若投保人過往一直有投保本公司之「中醫師醫療責任保險」，本公司考慮按投保人需要，釐定追溯日期，否則，追溯日期將與保險生效日期相同。

## 保險期

一年（以保險公司確定之保險生效日期起計）

注意：此小冊子只供作參考之用，所有條款及細則概以正式保險單英文條文為準。

# Malpractice Liability Insurance Proposal Form for Chinese Medicine Practitioner 中醫師醫療責任保險投保書



Note 注意: I. This proposal form forms basis of the Policy. Please give a full reply to each question.  
II. The application will not be considered unless a copy of the certificate of registration is submitted with this proposal form.  
I. 保險合約將以此投保書所填寫之資料為基礎。請詳細回答每一條問題。  
II. 你的中醫師註冊證書副本必須與此投保書一併遞交予本公司，否則此申請將不獲考慮。

Please complete in BLOCK LETTERS and tick the appropriate box. 請以英文正楷填寫及於適當位置加上✓號。

### Applicant Details 申請人資料

Name in English 英文姓名  Male 男  Female 女

Name in Chinese 中文姓名 Date of Birth 出生日期

DD日 MM月 YY年

Clinic Address 工作地址（為方便電腦處理，請以英文填寫）(Additional premium is required if more than 3 locations. 3個以上須附加保費。)

Chinese Medicine Practitioner Registered No. 註冊中醫編號 Email Address 電郵

Tel No. 電話 Mobile No. 手提電話 Fax No. 傳真

### Professional Qualifications & Working Experience in Chinese Medicine Profession 中醫藥業之專業資歷（例如畢業之學院）及工作經驗 Date Qualified / Period 日期

\* If you need additional space, please continue on a separate sheet of paper. 若欄位不足，可另紙書寫。

### Employment Status 就業狀況

1. Being Employed 受聘 Please provide the name of your current employer in details 請詳細列明僱主名稱
2. Self-Employed 自僱 Number of your employee(s) 你的僱員數目  No employee 無僱員
3. Both 自僱及受聘 Please state 請列詳情:  
Name of employer 僱主名稱 Number of your employee(s) (if any) 你的僱員數目 (如有)

2 & 3 Remarks: Coverage is extended to medical services provided by any employee (a maximum number of 3) at the direction of and under full supervision of the Insured. Such employee must not be a Registered Chinese Medicine Practitioner.

備註：此保險可保障在受保人指示並親自監督下由僱員提供之醫療服務。僱員人數不能多於三名，並且不包括任何註冊中醫師。

Name of employee(s) 僱員姓名

1. 2. 3.

Note: The name of any such employee must be declared and noted by the Insurer. Should there be any change, please inform the Insurer immediately.  
注意：僱員姓名必須向保險公司申報。如有更改，請立即通知保險公司。

Do you keep accurate and proper record of all patients and all prescription tendered to patients?  Yes 是  No 否  
你是否保留所有病人的完整及準確之病歷紀錄並包括所有給予病人之中藥配方？

### Type of Medicine Services Engaged 你提供之中醫醫療服務

Note: Coverage is limited to medical services directly provided by the Insured only. 注意：此保單只保障受保人直接提供之醫療服務。

1. General Consultation 中醫全科（方脈）（註一）  發出配劑  不發出配劑
2. General Consultation & Bonesetting 中醫骨傷科（註二）
3. General Consultation & Acupuncture 中醫針灸科（註三）  4. General Consultation, Acupuncture & Bonesetting 中醫全科（方脈）、針灸科及骨傷科（註四）

註一：包括中醫診斷，處方及發出內服、外用之配劑（不發出配劑者，可享有七五折優惠）。 註二：內外用藥，包紮固定及手法治療。  
註三：中醫針灸及拔罐，但不包括手法治療。 註四：包括以上1、2及3項。

### Claim History Related to Medical Services 有關醫療責任的索償記錄

Note: Proposer provided answer 'Yes' to any question in the claim history column should provide full details in separate sheet. Insurer reserves the right to decide whether the insurance to be offered or not.

注意：對索償記錄一欄內之任何問題選擇「是」之答案的投保人必須把有關資料交予保險公司。保險公司保留決定權是否接受此份申請。

**For Office Use Only 本公司專用**  
Account No. 賬戶號碼 \_\_\_\_\_  
Policy No. 保單號碼 \_\_\_\_\_

1. Have you ever been subject to disciplinary proceedings for medical malpractice or professional misconduct?  Yes 是  No 否  
你曾否因醫療失誤或專業失德被紀律聆訊?
2. Have any claims ever been made against you?  Yes 是  No 否  
你曾否被索償?
3. Are you aware of any circumstance which could reasonably be expected to give rise to a claim?  Yes 是  No 否  
你是否知道任何已發生並可能引致索償之醫療事故?
4. Has any insurance company ever at any time declined your proposal, cancelled your policy, refused to renew a policy, required an increased rate or imposed special conditions?  Yes 是  No 否  
你曾否被其他保險公司拒絕受保、取消保單、拒絕續保、要求增加保費或註明特別條款?

### Declaration and Signature 聲明及簽署

I declare and agree that 予謹聲明及同意：

1. To the best of my knowledge and belief the information and answers given on this form are true and complete in every respect.  
上述填寫之資料及答案均為真實及事實之全部；
2. The information and answers given on this form are filled in by myself.  
上述之資料及答案均屬本人填寫；
3. This proposal and declaration shall be the basis of and be deemed to be incorporated in the contract of insurance, including any renewal thereof, between me and QBE Hongkong & Shanghai Insurance Ltd.  
本投保書為本人與昆士蘭聯保保險有限公司訂立此保險契約及以後續約之基礎。

I / We confirm that I / we have read and agreed the QBE Hongkong & Shanghai Insurance Limited's Personal Information Collection Statement ("Notice"). I / We acknowledge and agree that the personal data and information with respect to me / us which are provided by me / us in our application may be held, used, processed or disclosed to such parties for the purposes as set out in the Notice.  
本人 / 吾等確認本人 / 吾等已細閱並同意昆士蘭聯保保險有限公司之收集個人資料聲明(通知)，於是次申請由本人 / 吾等所提供的有關本人 / 吾等的個人資料及其他資料，將可能被持有、使用、處理或披露予有關方面以作「通知」所載之用途。

**If the intermediary who serves you is an insurance broker, please read this:**

The applicant understands, acknowledges and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by QBE Hongkong & Shanghai Insurance Limited, QBE Hongkong & Shanghai Insurance Limited will pay the authorised insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporate, the authorised person who signs on behalf of the applicant further confirms to QBE Hongkong & Shanghai Insurance Limited that he or she is authorised to do so.

The applicant further understands that the above agreement is necessary for QBE Hongkong & Shanghai Insurance Limited to proceed with the application.

如為你服務的中介人為保險經紀，請閱讀下文：

申請人明白、確知及同意，昆士蘭聯保保險有限公司會就申請人購買及接受其簽發的保單，於保單有效期間(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體，代表申請人簽署的獲授權人員須向昆士蘭聯保保險有限公司確認他 / 她已獲該法人團體授權。申請人亦明白昆士蘭聯保保險有限公司必須取得申請人以上的同意，才可以處理其保險申請。

Signature of Applicant 申請人簽署

Date 日期

\_\_\_\_\_

\_\_\_\_\_

### Personal Information Collection Statement 收集個人資料聲明

QBE Hongkong & Shanghai Insurance Limited ("the Company") may use the personal data collected or held about you for the following purposes.

Insurance Services (mandatory)

- processing and assessing of applications for any insurance products and daily operation of the related services;
- administering your insurance policy and providing services in relation to your insurance policy;
- any alterations, variations, cancellation or renewal of any insurance and related services;
- investigating, analyzing, processing and paying claims made under your insurance policy;
- invoicing and collecting premiums and outstanding amounts from you;
- exercising any right under the insurance policy including right of subrogation, if applicable;
- complying with the requirements under any law and regulation, industry codes, guidelines, requests from regulators, industry bodies, government agencies and court order;
- contacting you for any of the above purposes;
- other ancillary purposes which are directly related to the above purposes.

The Company may transfer your personal data, including but not limited to your name and contact details, to the following parties within or outside Hong Kong for the purposes set out above.

- any agent, advisor, contractor or third party service provider who provides administrative, telecommunications, computer, payment, debt collection, security, data processing or storage or related services or any other company carrying on insurance or reinsurance related business, or an intermediary, or a claim or investigation or other service provider providing services relevant to insurance business, for any of the above or related purposes;
- any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation;
- any members of the Federation by the Federation for any of the above or related purposes;
- regulators;
- lawyers;
- auditors; and
- other insurance companies within the QBE Group which have undertaken to keep such information confidential and solely for the purposes set out in the above paragraph.

By taking out an insurance policy with the Company, you hereby provide your express consent to the transfer of your personal data outside of Hong Kong. You also understand that your personal data may be transferred to a place that may not have data protection laws that are substantially similar to, or service the same purposes as the Personal Data (Privacy) Ordinance so as to ensure the protection of your personal information.

If you do not agree to the use of your personal data for above purposes, it would not be possible for the Company to process your application and render the services.

You have the right to ascertain the Company policies and practices in relation to personal data, obtain access to and to request correction of any personal information concerning yourself held by the Company subject to payment of an administrative fee. Requests for such access or correction can be made in writing to the Data Protection Officer, QBE Hongkong & Shanghai Insurance Limited, 17/F, Warwick House, West Wing, Taiako Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 5485, Fax: 3607 0380).

If you do not want to receive any sale or marketing of any of the products or services from the Company at any time, you may also contact the Company's Data Protection Officer.

昆士蘭聯保保險有限公司(本公司)將所收集閣下的個人資料，可能用作下列的用途：

July 2015

- 保險服務(強制)
- 處理及評估任何保險產品之申請，及有關服務之日常運作；
  - 管理閣下的保單及為閣下的保單提供相關服務；
  - 有關保險產品及服務的任何更改、變更、取消或續保；
  - 閣下保單索償的登記、分析、處理及賠償；
  - 保費通知、收集保費和款項；
  - 行使有關保單賦予的任何權利包括代位權，如適用；
  - 遵守及符合任何法例及條例規定的要求、行業準則、指引、監管機構、相關行業認可機構、政府機構及法庭命令的要求；
  - 為上述任何用途閣下聯絡；
  - 與上述用途直接有關之其他附帶的目的。

向本公司提供的資料可能會提供或轉送予下列各方在香港或海外單位作前段所述的用途：

- 任何代理人、顧問、承辦商或提供行政、電訊、電腦、付帳、債務追討、保安、數據處理或儲存或有關服務的第三者服務供應商或任何其他其他從事與保險或再保險業務有關的公司、中介人，或索償或調查或其他提供與保險業務有關的服務供應商，以達到任何上述或有關的用途；
- 現存或時成立的任何保險公司協會或聯會或同類組織(聯會)，以達到任何上述或有關的用途，或以使聯會執行其監管職能，或其他基於保險業或任何聯會會員的利益而不時在合理要求下予聯會的聯會；
- 或透過聯會提供予任何聯會的會員，以達到任何上述或有關的用途；及
- 監管機構；
- 執業律師；
- 認可核數師；及
- 昆士蘭聯保保險集團內的其他保險公司已承諾將資料保密並純粹用作上述的用途。

閣下在本公司投保，代表明確表示同意閣下的個人資料可能會轉移至香港以外地區。同時，閣下亦明白閣下的個人資料可能會轉移至並未設有資料保障法例的地區，以致未能保障閣下的個人資料可以獲得與個人資料(私隱)條例類似或所提供的保障。

如果閣下不同意本公司使用閣下的個人資料於上述用途上，本公司可能不能處理閣下的申請及為閣下提供服務。

閣下有權聲明本公司個人資料政策及程序，並可要求查閱更正本公司持有有關閣下的個人資料，並可支付行政費用。有關查閱或更正的要求，可致函香港鵬魚涌英皇道 979 號太古坊和域大廈西翼 17 樓(電話：2877 8488，傳真：3607 0300)向昆士蘭聯保保險有限公司資料保護主任提出。

如閣下於任何時間不欲收取本公司的任何產品或服務的任何銷售或推廣，閣下亦可聯絡上述資料保護主任。

[中文譯本供參考，文義如與英文本有歧異，概以英文版為準。]

2015年7月



QBE

### QBE Hongkong & Shanghai Insurance Ltd.

#### 昆士蘭聯保保險有限公司

17/F, Warwick House, West Wing, Taiako Place,

979 King's Road, Quarry Bay, Hong Kong

香港鵬魚涌英皇道979號太古坊和域大廈西翼17樓

CS Hotline 客戶服務熱線：+852 2828 1998

CS Fax 客戶服務傳真：+852 3607 0380

Website 網址：www.qbe.com.hk