

# Proposal Form

## Professional Indemnity- Traditional Chinese Medicine Practitioners 中医师职业责任保险申请表

### Important Notices 重要说明

#### Claims Made Insurance 索赔发生制保险

This is a proposal for a 'Claims Made' policy of insurance. This means that the policy covers you for any claims made against you and notified to the insurer during the policy period. The policy does not provide cover in relation to: 本投保单系为订立“索赔发生制”保单而设，即保单对保险期内向您提出并通知到保险人的任何索赔予以承保。保单对以下事项不予承保：

- acts, errors or omissions that occurred prior to the retroactive date (if one is specified) in the policy; 保单追溯日(如有规定)之前发生的任何作为、失误或疏忽；
- any claim made, threatened or intimated against you prior to the commencement of the policy period; 在保险期开始之前向您提出的、威胁将向您提出的或者暗示将向您提出的任何索赔；
- any claim or fact that might give rise to a claim, reported or which can be reported to an insurer under any insurance policy entered into before the commencement of the policy period; 任何索赔或事实，凡会导致依照本保险期开始之前订立的任何保单而向或可向某保险人报赔的索赔的；
- any claim or fact that might give rise to a claim, noted in this proposal or any previous proposal; 任何索赔或事实，凡会导致本投保单或此前任何投保单中注明的索赔的；
- any claim arising out of any fact you are aware of before the commencement of the policy period; 由您在本保险期开始之前业已知悉的任何事实所导致的任何索赔；
- any claim made against you after the expiry of the policy period. 在保险到期之后向您提出的任何索赔。

However, should you become aware, and notify us in writing as soon as is reasonably practicable after first becoming aware but within the policy period, of any facts which might give rise to a claim against you, any claim which does arise out of such facts shall be deemed to have been made during the policy period, notwithstanding that the claim was made against you after the expiry of the policy period.

但如您在保险期内知悉任何可导致对您提出索赔的事实，并在首次知悉该事实后于保险期内尽早将该事实书面告知我方，则因为该事实而导致的任何索赔，即便是在保险到期后向您提出，也会被视为在保险期内提出。

#### Your Duty of Disclosure 您的披露责任

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. Pursuant to section 25(5) of the Insurance Act, you are forewarned that if you do not fully and faithfully give the facts as you know them or ought to know them, you may receive nothing from the Policy You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

您在与保险人签订一般保险合同之前，有责任向保险人披露您知晓的或者在合理情况下预计会知晓的，并且与保险人决定是否接受保险风险以及如果接受该风险则以何种条款来予以接受有关的所有事项。您在对一般保险合同予以续签、延期、变更或恢复之前，也有同样的责任向保险人披露此类事项。

#### Non-disclosure 未披露

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning. In either case, you may receive nothing from the contract.

如您未履行自身的披露责任，则保险人有权降低其在合同项下对索赔的赔偿责任，或者解除合同。如您出于欺诈而未进行披露，则保险人也可选择从合同开始之时起废止该合同。这两种情况下，您均有可能无法从合同中获取任何赔偿。

# Professional Indemnity- TCM Practitioners 中医师职业责任保险申请表

## Premium amounts 保费金额

Premium amounts stated in this proposal form are accurate as at 1 February 2017 but are subject to change without notice. If you would like to confirm the current premium amount(s) payable, please contact your insurance agent / insurance broker.

本投保单所述保费金额至 2017 年 2 月 1 日为止准确无误，如有更改，恕不另行通知。如需确认当前应付保费金额，敬请联系保险代理/保险经纪人。

## Disclaimer 免责声明

While care has been taken to accurately translate this document from English to the Chinese language, please note that we will not be responsible from any losses and/or liability incurred by any party relying on or arising from the use of the Chinese translation.

本文件虽从英文精心译至中文，但需注意的是，对任何一方因为依赖中文译文而蒙受的，或者因为使用中文译文而导致的任何损失和/或赔偿责任，我方概不承担责任。

This form must be signed by a partner or principal of the firm and all questions must be answered. The completion and signature of this form do not bind Liberty Insurance Pte Ltd to complete a contract of insurance. If space for any answer is insufficient, please attach separate sheets identifying questions by number. All answers MUST be answered in ENGLISH.

本表须由公司合伙人或负责人签字，且须回答全部问题。Liberty Insurance Pte Ltd 不因本表的填写和签字而负有达成保险合同的义务。如作答空间不足，请另附纸张并注明问题编号。所有问题均须以英文作答。

## Particulars of Proposer 投保人资料

<b>Name of All Practitioners and entities to be insured (hereinafter referred as "the proposer"):</b> 所有待保执业人员及实体的全名(下文简称“投保人”)	<b>Date of Establishment:</b> 成立日期
<b>Business Address:</b> 营业地址	Postal Code 邮政编码 (                      )
<b>Email:</b> 电子邮件	<b>Contact No.:</b> 电话号码
<b>Is the Proposer a Non-Profit Organization?</b> 投保人是否为非营利组织? If "Yes", please declare the maximum numbers of physicians practicing at any one time. 如“是”，则请申明任何时间同时执业的医师最大人数。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
<b>Do the Proposer practice from any other office or locations?</b> 投保人是否还在其他营业处所或地点执业? If "Yes", please provide details. 如“是”，请给出详细说明。	<input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否

# Professional Indemnity- TCM Practitioners 中医师职业责任保险申请表

Please declared the total numbers of:

请说明以下人员总数

(Please attach a copy of each Practitioners Singapore TCM Physician Practicing Certificate.)

(对每位执业人员请分别附上新加坡中医师执业资格证。)

a) Partners/Principals/Directors

合伙人/负责人/董事

\_\_\_\_\_

b) Qualified & Technical Staff

有资格的以及技术员工

\_\_\_\_\_

c) Other Staff

其他员工

\_\_\_\_\_

Total Staff  
员工总数

\_\_\_\_\_

Please provide the annual gross income/fees for the following:

请提供以下财年的年度收入/收费总额:

Singapore

Overseas

新加坡

海外

a) Last Financial Year

上一个财政年度

S\$ \_\_\_\_\_

S\$ \_\_\_\_\_

b) Current Financial Year (estimate)

本财政年度(估计)

S\$ \_\_\_\_\_

S\$ \_\_\_\_\_

Please provide the approximate percentage of your fee income derived from the following fields of work:

请提供以下工作领域内收费收入所占大致百分比:

a) Internal Injury

内伤

\_\_\_\_\_ %

b) External Injury (Skin)

外伤(皮肤)

\_\_\_\_\_ %

c) Acupuncture

针灸

\_\_\_\_\_ %

d) Tui Na

推拿

\_\_\_\_\_ %

e) Others (Please Specify)

其他 (请说明)

\_\_\_\_\_ %

Total  
合计

100 %

## Insurance & Claims History 以往保险与索赔情况

Have any claims or suits for negligence or breach of professional duty been made in the past ten (10) years against the Proposer or any of their predecessors in business or any prior Practice of any of their present or former partners, principals or directors?

Yes  
是

No  
否

过去十(10)年中投保人或其业务前任, 或其当前或此前合伙人、负责人或董事的先前诊所, 是否因为过失或违反职业责任而被提起索赔或诉讼?

If Yes, please give advise amount and background of each claim.

如是, 请分别给出每笔索赔的金额和背景情况。

# Professional Indemnity- TCM Practitioners 中医师职业责任保险申请表

## Insurance & Claims History 以往保险与索赔情况

<p>Has any partner, principal, director or staff member ever been subject to disciplinary proceedings for professional misconduct?                      合伙人、负责人、董事或员工是否曾因失职而受到惩戒处分?                      If Yes, please give details.                      如是, 请给出详细说明。</p>	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否
<p>After enquiry, is the Proposer aware of any circumstances or incidents which may result in a claim against the Proposer or its predecessors in business or any of their present or former partners, principals, directors?                      在问询后, 投保人是否知悉任何可导致向投保人或其业务前任, 或其任何当前或此前合伙人、负责人、董事, 提出索赔的情况或事件?                      If Yes, please give details.                      如是, 请给出详细说明。</p>	<input type="checkbox"/> Yes 是	<input type="checkbox"/> No 否

## Cover Required 要求的保障范围

	Limit of Indemnity (any one claim & in the aggregate) 职业责任限额(单笔索赔以及累计总额)	Premium excluding prevailing GST (per physician) 保费(不含消费税)(每名医师) (A)	Please indicate the total number of Physicians to be Insured 请注明待保医师总数 (B)	Total Premium excluding prevailing GST 保费总额(不含消费税) (A x B)
<b>Up to 7 Physicians</b> 最多 7 名医师	S\$500,000	S\$450	S\$ _____	S\$ _____

The deductible of S\$1,000 each and every claim (inclusive of costs and expenses) will apply to the Policy.  
 每笔索赔绝对免赔额为 S\$1,000 元(包括所有相关理赔费用)。

The above premium will not apply if:

以下情况时, 上述保费不适用:

- a) Entity has more than 7 Physicians  
实体有 7 名以上医师
- b) Individual physician fees exceed S\$150,000 annually  
医师个人年收费超过 S\$150,000 元
- c) There have been previous claims or circumstances  
此前存在索赔或相关情况
- d) The Insured engages in activities beyond the traditional scope of Traditional Chinese Medicine physicians  
被保险人从事的活动超出中医师的传统范围

Please seek advice from your insurance agent/broker if you are not eligible for the above premium or if you require higher Limit of Indemnity.

请向保险代理/经纪人咨询, 了解您是否有资格享受上述保费, 或者您是否需要更高的职业责任限额。

### PERSONAL DATA PROTECTION

I give consent to Liberty Insurance Pte Ltd ("Liberty") and third-parties including related companies, employees, agents, brokers, service-providers, collaborators, partners, contractors, the Monetary Authority of Singapore, the General Insurance Association, insurance-related bodies etc. (each an "appointee"), and each of their downstream third-parties in turn (collectively, "appointees"), to collect, use and disclose all personal data whatsoever about myself and other individuals, from any source, whether they were, are and/or will be collected howsoever by Liberty and/or the appointees in the past, present and/or future, for one or more of the purposes described in Liberty's Data Protection Policy as it may be amended from time to time, including but not limited to considering whether to provide insurance, due diligence, underwriting, administering and servicing policies, communications, renewals, reinsurance, collections, claims, accounting, audit, legal, compliance, research, analysis, surveys, dispute resolution, data/technology management, and anything incidental, ancillary, exploratory or supportive of the foregoing.

Liberty Insurance Pte Ltd (Registration No. 199002791D) | GST Registration No. M2-0093571-3

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1800-

02/2017

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## PERSONAL DATA PROTECTION

I have read and agreed to the full Policy, which is also available at [www.libertyinsurance.com.sg/data-protection-policy/](http://www.libertyinsurance.com.sg/data-protection-policy/) and as it may be amended from time to time. All personal data are true, accurate and complete, and I shall inform Liberty of any changes to the personal data to my knowledge, as soon as practicable. If I have given any personal data about or belonging to other individuals howsoever (whether or not representing that data as mine, about me, or to be used by me), I continually warrant that I have obtained prior consent from them (or if they are lacking in legal capacity, from their legal representatives, guardians or parents as the case may be) for Liberty and/or the appointees to collect, use and disclose their personal data for the purposes and on the terms stated in this document, as if they were me. All consents are given now, unconditionally and independent of any contract, last beyond any contractual term and remain in force until I request to withdraw or amend the consents with Liberty by writing to The Data Protection Officer, Liberty Insurance Pte Ltd, 51 Club Street, Singapore 069428 or by email to [dpo@libertyinsurance.com.sg](mailto:dpo@libertyinsurance.com.sg).

## DECLARATION 声明

I, the undersigned, declare and acknowledge:

作为下文签字人，本人特此声明并承认：

- that I am, after enquiry, authorised by all persons or entities seeking insurance, to make this proposal; 本人在问询后受全体投保人员或实体的授权而填制本投保单；
- that after enquiry, all information supplied in this proposal and any supporting documents attached to this proposal or supplied separately, is true and correct and that until a contract of insurance is entered into, we are obliged to inform Liberty Insurance Pte Ltd of any changes to any information supplied or of any new information that is relevant;  
在问询后，本投保单中及其附带证明文件中或另行提供的证明文件中提供的所有信息均正确且真实，且在签订保险合同之前，我们有义务向 Liberty Insurance Pte Ltd 告知所提供的信息的变动情况或者相关的新信息；
- that I understand Liberty Insurance Pte Ltd relies on the accuracy of the information and documentation supplied proposing for this insurance;  
本人理解，Liberty Insurance Pte Ltd 相信所有为申请本保险而提供的信息和文件均准确无误；
- that if a contract of insurance is entered into, all information and documentation supplied in proposing for this insurance shall be incorporated into and form the basis of such contract of insurance;  
如签订保险合同，则应将申请本保险时提供的所有信息和文件纳入该保险合同，并构成该合同的依据；
- that I have read and understood the Important Notices which form part of this proposal; 我已阅读并理解本投保单中包含的重要说明；
- that I understand that no insurance is in force until a contract of insurance is entered into, or is deemed to have been entered into; and  
本人理解，在签订保险合同或者视同签订保险合同之前，所有保险均不生效；并且
- that notwithstanding anything else contained in this proposal, Liberty Insurance Pte Ltd may, in its absolute discretion, determine not to issue a contract of insurance and will notify my insurance agent / insurance broker as soon as reasonably practicable of any such decision and in any event no later than 14 working days from the date on which this proposal is received by Liberty Insurance Pte Ltd.  
无论本投保单中另行做出何种规定，Liberty Insurance Pte Ltd 均可全权决定不出具保险合同，并将在切实可行情况下尽早(自 Liberty Insurance Pte Ltd 收到本投保单之日起，无论如何均不超过 14 个工作日)向保险代理/保险经纪人告知该决定。

For and on behalf of:

全权代表

Name of Company:

公司名称

Date:

日期

Signature of Proposer

投保人签字

(Must be signed by Partner, Principal or Director)

(必须由合伙人、负责人或董事签字)

Name:

姓名

Date: 日期