



MDM SECURE INSURANCE SCHEME 2022

NOTICE TO THE PROPOSED INSURED

Duty of Disclosure

Pursuant to Paragraph 4(1) 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 our 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.

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.

Important Note

This application of insurance is not applicable for treatment of public patients in public/government hospital



1. Personal details

Intended Start Date of Policy		
Title	Given names	Surname
Gender <u>M/F</u>	Date of birth	Email
Nationality: () Malaysian	Your new Identity Card (IC) Number	
Home address		Telephone
		Mobile
		Fax
Practice address		Practice phone
		Preferred contact <u>Practice/Home/Email</u> (choose one)

2. Qualifications

Qualification 1	Institution
Year obtained	Country Obtained
Qualification 2	Institution
Year obtained	Country Obtained

3. Post Graduate Qualifications

College 1	Year fellowship obtained
College 2	Year fellowship obtained



4. Registration

- 4.1 Malaysian Medical Council (MMC) Registration number _____
- 4.2 Year first registered in Malaysia _____
- 4.3 National Specialist Registry number _____
- 4.4 Annual Practising Certificate number _____ please provide copy of current certificate
- 4.5 Have you ever practiced under a different name? Y/N
- 4.6 Have you ever been refused registration, been suspended or deregistered in any country (including voluntarily relinquishing your registration?) Y/N
- 4.7 Have you ever had any conditions, limitations, notations, reprimands or undertakings imposed on your registration in any country (anything that would be considered an adverse decision to having standard registration)? Y/N
- If you answered YES to either 4.5, 4.6 or 4.7 please provide further information

5. Insurance History

- 5.1 Have you ever been involved in an inquiry, investigation, complaint, coronial inquest in relation to your conduct as a provider of healthcare services? Y/N
- 5.2 Have you (or a healthcare providing organisation for whom you have worked) ever been involved in any claims, demands, suits or legal actions which have arisen out of your provision of healthcare? Y/N
- 5.3 Are you aware of any act, error, omission or circumstance that has arisen from your provision of healthcare services that could or should have been notified under any current or prior insurance policy or other arrangement under which you are or were entitled to indemnification? Y/N
- 5.4 Have you ever been charged with, convicted of or found guilty of a criminal offence in any country? Y/N
- 5.5 Have you ever self-notified or been the subject of a voluntary notification to the MMC or any other healthcare registration authority in any country? Y/N
- 5.6 Has any adverse action ever been taken against you by an employer, medical board, hospital, health authority, medical college or statutory body in any country? Y/N
- 5.7 Is there any circumstance or situation, past or present, which you are aware of or should reasonably be aware of that relates to your provision of healthcare that is likely to give rise to any claim that would be covered under this policy? Y/N
- 5.8 Have you ever held medical or professional indemnity insurance in the past? (List below) Y/N

Insurer	Period of insurance	Retroactive Date	Reason for move	Premium



- 5.9 Has any application for or renewal of medical or professional indemnity insurance ever been declined or cancelled, had a loading, deductible or special condition placed on your policy or have you ever been provided a policy with a reduced level of cover? Y/N
- 5.10 Have you ever provided healthcare without medical indemnity insurance in place (your own or a policy under which you were entitled to cover) or declined to take run-off cover for a period(s) where you were not practicing? Y/N

If you answered **YES to any of the above** please provide further information. Claims history to be provided in Section 7.

6. Medical Practice Information

- 6.1 In what Healthcare Services specialisation do you practice in?

Please refer to the list of Healthcare Services specialisations following this application for information about the insurance we offer. It is important to check that the Healthcare Services specialisation you select provides cover for all work you undertake for which you require insurance from us.
If you are unclear which Healthcare Services specialisations to select please contact SSCA Management Sdn Bhd.

- 6.2 Years in private practice? _____
- 6.3 Do you undertake any procedures/medical services usually considered to be outside of your specialisation? If **Yes** provide details Y/N
- 6.4 Do you intend to practice in numerous Healthcare Service specialisations in the next 12 months? Y/N
If Yes, please list below, identifying the percentage of your work in each Category:

Category	Percentage of your Gross Billings
Total	100%

- 6.5 Do you currently, or have you ever performed cosmetic procedures or obstetrics that are not listed under the Healthcare Services specialisation(s) you have selected? If **Yes** provide details Y/N
- 6.6 Have you practiced in another specialisation in the last 5 years? If **YES** provide details Y/N
- 6.7 Do you provide any telemedicine services? Y/N
If **Yes** provide details
 - a) Number of visits in the last 12 months? _____
 - b) Percentage of your gross billings? _____



7. Claims History

If you have answered YES to any questions in Section 5: Insurance History, please provide a detailed description of each matter below:

Date of incident	Date you became aware of incident	Details of incident including gender and age of patient (where applicable)	Date reported to past insurer	Cost Incurred

Any claims and circumstances which might give rise to a claim(s) or proceedings must be reported to us as soon as possible.

8. Limit of Indemnity

Limit of Indemnity required:

RM 1,000,000 RM 2,000,000 RM 3,000,000 RM 5,000,000 RM 10,000,000

Please state your specialisation: _____

Final Premium Payable:

RM _____ (Inclusive of Service Tax and RM10 Stamp Duty)

Important Notice

You are reminded that at all times have an utmost good faith duty to declare but not limited to all known claims and known circumstances that can give rise to a claim in the future prior to policy inception and during the policy period. We under the same utmost good faith duty has always the right to review its terms and conditions of the policy if

- **You had experience any medical malpractice losses/circumstances/claims in the past;**
- **You had any losses/circumstances/claims reported under the existing policy, until 31 December 2021 or;**
- **You had change(s) on your Healthcare Services Specialisation which you are practicing during the period of insurance**



Declaration

I, the undersigned Insured Person declare as follows:

1. I have read and understood the Notice to the Proposed Insured on the front of this Proposal Form.
2. I have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
3. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the insurer of any change in the particulars or statements contained in this Proposal or in the accompanying documents.
4. I understand that it is my duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I hereby declare that I have fully and accurately answered the questions above.

Although the signing of this Proposal does not bind the Applicant to effect insurance, the Applicant acknowledges that the particulars and statements contained in this Proposal and in the accompanying documents shall be the basis of the contract should a Policy be issued. Furthermore, the Applicant acknowledges that the Proposal and the accompanying documents will be incorporated in the Policy.

I also authorize Lonpac Insurance Bhd and its agents to obtain from other insurers, insurance reference bureaus or similar organisations any information about this insurance or any other insurance of mine including the information in this application and my insurance claims history.

Signature _____

Date _____

Print Name _____

**Payment of Premium**

I wish to pay my annual premium for the sum of as follows: (Please tick)

METHOD OF PAYMENTS

Cheque No.

Payable to **LONPAC INSURANCE BHD (307414-T)**

Inter-Bank Giro (IBG)

If you have an Internet Banking account, you can make online payment to us via IBG.

You can also visit any IBG participating bank branches and fill in the Interbank GIRO form to make payment.

Lonpac Bank Account Number **98990000001177**

The details mentioned below will be required for payment via IBG:

Beneficiary Bank	CIMB Bank
Beneficiary Name	Lonpac Insurance Bhd
Beneficiary Account Number	9899 000 000 1177
Swift Code	CIBBMYKL

Note: Please attach proof of payment

This proposal form should be sent to the below mentioned address together with your cheque or proof of payment of Inter-Bank Giro (IBG)

Address : **SSCA Risk Management Sdn Bhd
M-3-4, 2nd Floor, Plaza Damas,
No. 60, Jalan Sri Hartamas 1,
Sri Hartamas,
50480 Kuala Lumpur.**

Email: admin@ssca.com.my

Telephone: **+603 6201 6086**

Fax: **+603 6201 6087**

PRIVACY POLICY

For information on our privacy policy, please visit our website www.lonpac.com/web/my/privacy_policy_my



Healthcare Services Specialisations (Please circle your selected option)

Premium Table for Year 2022

SPECIALISATION	LIMIT OF LIABILITY & ANNUAL PREMIUM				
	RM1 Million	RM2 Million	RM3 Million	RM5 Million	RM10 Million
Anaesthesia	2,900	3,770	4,060	4,950	6,100
Bariatric Surgery <i>(Includes work in the GENERAL SURGERY specialisation but also includes Bariatric procedures)</i>	10,000	12,500	14,300	17,000	21,000
Cardiology – Interventional <i>(Includes work in CARDIOLOGY - NON-INTERVENTIONAL specialisation but also includes interventional procedures)</i>	3,720	5,310	6,370	9,550	12,200
Cardiology - Non-Interventional <i>(Excludes any interventional procedures)</i>	2,821	3,523	4,010	4,726	5,908
Cardiothoracic Surgery	3,720	5,310	6,370	9,550	12,200
Colorectal Surgery	3,720	5,310	6,370	9,550	12,200
Dermatology	1,532	2,369	2,841	3,322	5,309
Emergency Medicine	3,190	4,780	5,734	9,168	11,000
Endocrine Surgery	4,547	5,677	6,463	7,617	9,522
Endocrinology	1,532	2,369	2,841	3,322	5,309
Gastroenterology	3,190	4,780	5,734	9,168	11,000
General Physician	2,272	2,837	3,229	3,806	4,757
General Practice - Aesthetic Practice	1,532	1,913	2,178	2,567	3,208
General Practice - Non-Procedural	1,000	1,400	1,791	2,111	2,638
General Practice – Procedural <i>(limitation as listed below)</i>	1,532	1,913	2,178	2,567	3,208
Genetics	1,000	1,250	1,600	1,950	2,400
General Surgery <i>(Excludes any Bariatric procedures)</i>	8,622	10,766	12,256	14,445	18,056
Genetics	1,000	1,250	1,600	1,950	2,400
Geriatric Medicine	1,532	2,369	2,841	3,322	5,309
Gynaecology <i>(Excludes any IVF)</i>	9,525	11,894	13,540	15,959	19,948
Haematology	1,532	2,369	2,841	3,322	5,309
Immunology And Allergy	1,532	2,369	2,841	3,322	5,309
Intensive Care	3,190	4,780	5,734	9,168	11,000
Nephrology	1,532	2,369	2,841	3,322	5,309
Neurology	3,190	4,780	5,734	9,168	11,000
Neurosurgery	12,882	16,086	18,312	21,583	26,979
Nuclear Medicine	1,532	2,369	2,841	3,322	5,309
Obstetrics & Gynaecology	15,900	20,700	25,500	37,000	42,500
Occupational Medicine	1,000	1,250	1,600	1,950	2,400
Oncology	1,515	1,892	2,154	2,538	3,173
Ophthalmology - Non-Procedural <i>(Excludes any surgical procedures)</i>	1,409	1,760	2,003	2,361	2,952
Ophthalmology – Procedural <i>(Includes work in the OPHTHALMOLOGY - NON-PROCEDURAL specialisation but also includes surgical procedural)</i>	3,720	5,310	6,370	9,550	12,200



Oral & Maxillofacial Surgery	3,720	5,310	6,370	9,550	12,200
Orthopaedic Surgery – Incl. Spinal and Neck <i>(Includes work in the ORTHOPAEDIC SURGERY specialisation but also includes any neck or spinal procedures)</i>	17,795	23,486	31,703	44,380	52,330
Orthopaedic Surgery <i>(Excludes any neck or spinal procedures)</i>	8,902	11,748	15,856	22,195	35,506
Otolaryngology (Surgery)	3,720	5,310	6,370	9,550	12,200
Paediatric Surgery	3,720	5,310	5,840	8,225	16,175
Paediatrics	2,871	3,585	4,081	4,811	6,013
Paediatrics <i>(Renewal of P&O / Newline upon receiving request from Original Insured)</i>	1,526	2,384	-	-	-
Pain Management	1,183	1,478	1,682	1,983	2,478
Palliative Care	1,532	2,369	2,841	3,322	5,309
Pathology	1,532	2,369	2,841	3,322	5,309
Pharmacology	1,000	1,250	1,600	1,950	2,400
Plastic & Reconstructive Surgery <i>(Excludes any cosmetic procedures)</i>	10,663	13,315	15,158	17,865	22,332
Plastic, Reconstructive And Cosmetic Surgery <i>(Includes work in the PLASTIC & RECONSTRUCTIVE SURGERY specialisation but also includes any cosmetic procedures)</i>	16,500	20,600	23,900	28,000	34,650
Psychiatry	1,244	1,553	1,768	2,084	2,604
Public And Community Health	1,000	1,250	1,600	1,950	2,400
Radiation Oncology	3,190	4,780	5,734	9,168	11,000
Radiology - Interventional	3,720	5,310	6,370	9,550	12,200
Radiology - Non-Interventional	3,190	4,780	5,734	9,168	11,000
Rehabilitation	1,532	2,369	5,840	3,322	5,309
Respiratory Medicine	1,532	2,369	2,841	3,322	5,309
Rheumatology	1,532	2,369	2,841	3,322	5,309
Sports Medicine	1,532	2,369	2,841	3,322	5,309
Urology	3,720	5,310	6,370	9,550	12,200
Vascular Surgery	5,373	6,709	7,637	9,001	11,252

Note 1: Kindly refer to SSCA Risk Management Sdn Bhd if the Specialisation are not listed above, not limited to Cosmetic Proceduralist (Practitioners with General Registration only that perform surgical cosmetic procedures), General Practice – Cosmetics / Obstetrics, Medico-Legal, Ultrasound – Diagnostic

Note 2: General Practitioner with procedures limited to: Assisting at Surgery, Lumbar Puncture for Diagnosis only, Removal of foreign bodies from eye under local anaesthetic, removal of ingrown toenails (but no Zadek Procedures), Removal of lipomas under local anaesthetic, Removal of subcutaneous cysts under local anaesthetic, Repair of superficial skin lacerations (not involving muscles or tendons), Incision and Drainage under local anaesthetic, Circumcision, IUCD insertion and removal, Cortisone injections, Emergency reduction of fracture/dislocation of joints not requiring general anaesthetic.

Note 3: All Premiums indicated above are inclusive of 6% Service Tax & RM10 Stamp Duty

Premiums indicated above are applicable to all applicants without any claims or circumstances in the last 5 years.