

Chubb Elite Medical Malpractice Insurance

Proposal Form (For Individual Healthcare Practitioners)



Important Notices

Your Duty of Disclosure

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

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

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.

(一) 投保人資料:

投保人姓名:	
執業地址:	
郵寄地址:	
性別:	
出生日期:	
手提電話:	
電郵地址:	

(二) 投保人所提供專業醫療服務之資料:

1. 你的專業屬於強制保險哪一類別:	
2. 醫療專業資格:	
3. 執照註冊單位:	
4. 首次註冊日期:	
5. 是否曾被執照註冊單位拒絕、中斷、吊銷或有條件發出執照? 如有, 請用另一張紙提供詳情。	<input type="checkbox"/> 是 <input type="checkbox"/> 否
6. 請提供過去 12 個月內你的求診人數	
7. 你有否準確和詳盡地記錄你所提供的醫療服務?	<input type="checkbox"/> 是 <input type="checkbox"/> 否

(三) 索償紀錄:

1. 在過去 5 年內，是否曾被索償或出現訴訟？	<input type="checkbox"/> 是 <input type="checkbox"/> 否
2. 是否知悉任何有可能引致索償的錯誤、疏忽、違例、醫療事故或指控？	<input type="checkbox"/> 是 <input type="checkbox"/> 否
3. 是否曾被醫療部門、監管機構或專業團體提出紀律處分或調查？	<input type="checkbox"/> 是 <input type="checkbox"/> 否
4. 是否曾被刑事調查或起訴？（不包括輕微的交通違例事故）	<input type="checkbox"/> 是 <input type="checkbox"/> 否

如以上任何一問題回答“是”，請用另一張紙提供詳情。

簽署: _____

簽署日期: _____

自然人醫療服務提供者職業民事責任強制保險金額的最低限額表

類別	醫療專業	保險金額的最低限額
(一)	中醫生、藥劑師、中藥師、醫務化驗師、脊醫、物理治療師、職業治療師、心理治療師、放射師、護士、藥房技術助理、中醫師、牙科醫師、針灸師、按摩師、治療師	澳門幣 500,000 元
(二)	醫生、牙科醫生	澳門幣 1,000,000 元
(三)	施行手術的醫生	澳門幣 2,000,000 元

Contact Us

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