



Professional Indemnity Insurance For Dental Practitioners Proposal Form

Special Scheme Arranged by Medical Risks & Claims Management Services for Dental Practitioners

SCHEDULE 9 OF THE FINANCIAL SERVICES ACT 2013 (FSA)

Pursuant to Paragraph 4 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance wholly for purposes related to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately.

Failure to take reasonable care in answering the questions 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.

In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied.

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 NOTICE

Your attention is drawn to the sixty (60) days premium warranty attached to the Policy. By this warranty, the Insurance Policy is automatically cancelled unless the full premium is paid to the insurer within sixty (60) days from the commencement date of cover. Please note that if this insurance is transacted through your Insurance Broker, the Broker is acting on your behalf for the purpose of formation of this contract of insurance. It is important that you make full payment of the premium warranty so as to enable your Broker to remit the premiums early to your Insurer. You are advised to request your Broker to furnish you with the Broker's and Insurer's receipt on the premium that you paid.

GOODS AND SERVICES TAX ('GST')

Important Notice:

Please be informed that the Goods dan Services Tax ('GST') has been implemented by the Government of Malaysia with effect from 1 April 2015 at a rate of six per centum (6%).

Zurich General Insurance Malaysia Berhad reserves the right to collect from you an amount equivalent to the GST payable on the applicable premium for the policy period.

Your obligation to pay GST shall form part of the Terms and Conditions in your insurance policy.

Application Form for Dental Practitioners

Full Name : _____

NRIC No : _____

Primarily (Government) 1
Name and
Address of Clinic _____
_____ Postcode : _____

Secondary (Private) : 2
Name and
Address of Clinic _____
_____ Postcode : _____

Period of Insurance : _____ to _____ E Mail Address : _____

Handphone No. : _____ Fax No. : _____

- 1 Please state the commencement of your first practising year _____
- 2 Please state the details of your first Professional Indemnity Insurance or Membership of a Defence Union/Protection Society :
- a. Year of first insurance/membership D D M M Y Y Y Y
- b. Name of first Insurance Company/Defence Union/Protection Society : _____

	YES	NO
3 Are you currently insured against your professional negligence ? If yes, please enclose a copy of your previous policy.	<input type="checkbox"/>	<input type="checkbox"/>
4 * Have you been subject to a reprimand ?	<input type="checkbox"/>	<input type="checkbox"/>
5 * Have any claims been made against you or negligence alleged against you to date?	<input type="checkbox"/>	<input type="checkbox"/>
6 * Are you aware of any circumstance which may result in a claim being made against you ?	<input type="checkbox"/>	<input type="checkbox"/>

* If any of the answer to Question No. 4,5 & 6 is YES, please provide details in a separate sheet.

Please attach a copy of the following documents with this application :

- a) Permanent Registration Certificate
- b) Annual Practicing Certificate

IMPORTANT NOTE

Please note that the above premiums are in respect of new/renewal policies which have been claims free for the past three (3) years, otherwise the company reserves the right to revise the above premiums and terms accordingly.

Require for further details. Please do not hesitate to call the following personnel who would be glad to assist you :

Name	Contact No.	Email
i Dr. KM Ponnusamy	012 311 3934	dmuthaya5@gmail.com
ii Angie Ng	012 212 2013 / 03 2146 8845	angie.ng@zurich.com.my

Government Dental Practitioners		Exclude 6% GST & RM 10 stamp duty	
	Limit of Liability (RM)	Premium* (RM)	
1) Legal Advice/Representation in Professional Bodies (non-indemnity)	500,000	500	<input type="text"/>
2. Locum Services			
i) General Practice	1,000,000	700	<input type="text"/>
ii) General Practice with specialized procedures	2,000,000	1,270	<input type="text"/>
iii) Specialist Practice	2,000,000	1,700	<input type="text"/>
3. Full Indemnity Cover (covers your practice both in public and private sectors, doing general dentistry)			
	1,000,000	950	<input type="text"/>
	2,000,000	1,250	<input type="text"/>
Private Dental Practitioners			
1. General Dental Practice			
	1,000,000	1,200	<input type="text"/>
	2,000,000	1,400	<input type="text"/>
2. General Dental Practitioners, practising accredited specialised procedures.	2,500,000	1,700	<input type="text"/>
3. Dental Specialists (Private sector)			
	2,000,000	2,200	<input type="text"/>
	3,000,000	2,700	<input type="text"/>
(except Maxillo-Facial surgery which can be considered upon request)			

* The Premium is subject to an additional 6% GST and Stamp Duty RM10.

Total Premium _____
6% GST _____
Stamp Duty RM10 _____
Total Payable Amount _____

PAYMENT OPTIONS

a. Enclosed is a cheque no : _____ dated _____ for the amount of RM _____ payable to Zurich General Insurance Malaysia Berhad.

b. Please charge the total amount of RM _____ to my credit card.

MASTER VISA Card No. : _____

Name on Card : _____ Issuing Bank: _____

Expiry Date Cardholder's Signature _____

c. Online transfer to Zurich General Insurance Malaysia Berhad.
RHB Bank Berhad A/C No: 21406200052703 (enclose proof of payment)

DECLARATION AND SIGNATURE

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the question in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

I/We hereby give my/our unconditional and unequivocal consent to you and all your related companies to process my/our personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related companies provided that the revelation of my/our personal data strictly for the purposes in related companies provided that the revelation of my/our personal data strictly for the purposes in relation to the insurance which I/we have applied hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010.

For details of our privacy notice, please visit www.zurich.com.my

Date :

D	D	M	M	Y	Y	Y	Y
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Signature of Applicant: _____

VERIFICATION OF APPLICANT'S IDENTIFICATION

To be completed by Insurance Agents, Insurance Brokers or Staff of Insurance Companies

ANTI-MONEY LAUNDERING AND ANTI TERRORISM FINANCING ACT 2001 (VERIFICATION OF IDENTIFICATION OF APPLICANT)

In compliance with Section 16(3) of the Anti-Money Laundering And Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001, I hereby certify that the Applicant's original New NRIC No./Business Registration Certificate was verified and authenticated by me at the point of sales.

Third Party Verification

Signature of Insurance Agents, Insurance Brokers
or Staff of Insurance Companies

Name: _____

New NRIC No.: _____

Date: _____

Note: A copy of the Applicant New NRIC/Business Registration Certificate for Individual Insurance Policy must be submitted together with this proposal if the Premium exceeds RM50,000.