MALAYSIAN MEDICAL ASSOCIATION 4TH FLOOR MMA HOUSE, 124 JALAN PAHANG, 53000 KUALA LUMPUR

TEL NO. 03-40411375 FAX NO. 03-40419929

E-MAIL: insurance@mma.org.my WEBSITE: www.mma.org.my

RENEWAL NOTICE MALAYSIAN MEDICAL INDEMNITY INSURANCE

FROM: Name of Member	:	Are you member of MMA: Yes / No
I/C No. (New)	:	
I/C No. (Old)	:	

1. NOTICE IS HEREBY GIVEN that your subscription to the Malaysian Medical Indemnity insurance is due for renewal. Please indicate your risk category and remit the appropriate payment as below.

The revised subscription rates are effective from 01/01/2011.

	SPECIALTY	Sum Insured	Premium RM	Additional Premium For Locum Cover Extension RM	Additional Premium For Automatic Reinstatement (Optional) RM	Total
1) GOVERNMENT DOCTOR		250,000.00	350.00	Not Applicable	52.50	IG-I
2) GEN. MED. PRACTITIONER		1,000,000.00	950.00	380.00	150.00	
3) GEN. MED. PRACTITIONER		2,000,000.00	1300.00	520.00	200.00	
4) SPECIALIST (Consulting / Procedures)		1,500,000.00	1800.00	550.00	200.00	
5) SPECIALIST (Consulting / Procedures)		3,000,000.00	2500.00	650.00	250.00	
6) a) b) c) d) e)	HIGH RISK SPECIALIST Obstetrics & Gynaecology Orthopaedic Surgery Plastic & Reconstructive Surgery Neurosurgery Oral & Maxillo Facial Surgery	1,000,000.00	5000.00 4000.00 4000.00 5000.00 4000.00	650.00 650.00 650.00 650.00	500.00 250.00 250.00 500.00 250.00	
7) a) b) c) d) e)	HIGH RISK SPECIALIST Obstetrics & Gynaecology Orthopaedic Surgery Plastic & Reconstructive Surgery Neurosurgery Oral & Maxillo Facial Surgery	2,000,000.00	7500.00 5500.00 5500.00 7500.00 5000.00	1300.00 1300.00 1300.00 1300.00 1300.00	750.00 400.00 400.00 750.00 400.00	
8) a) e) f) g) e)	HIGH RISK SPECIALIST Obstetrics & Gynaecology Orthopaedic Surgery Plastic & Reconstructive Surgery Neurosurgery Oral & Maxillo Facial Surgery	3,000,000.00	10,000.00 7000.00 7000.00 10,000.00 7000.00	1600.00 1600.00 1600.00 1600.00 1600.00	1000.00 600.00 600.00 1000.00 600.00	

- 1) Payment should be made by means of a Bank Draft / Cheque drawn in favour of **`AON INSURANCE BROKERS (M) SDN BHD'** for the appropriate amount with this completed form.
- 2. Please complete the following particulars if you have changed your address.

NEW WORKI	NG ADDRESS	NEW HOUSE ADDRESS
Postcode		Postcode
Tel No.		Tel No.
Fax No.		Fax No.
E-mail		E-mail
2) Effective Date of chang Signature of member	:	
Date	:	
FOR OFFICE USE		
Issued By	:	Cheque / Cash :
Receipt No	:	RM :
Date of Receipt		