

**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 ( 4 ) your risk category and remit the appropriate payment as below.

SPECIALTY	Sum Insured	Premium RM	Additional Premium For Locum Cover Extension RM	Additional Premium For Automatic Reinstatement (Optional) RM	Total RM
1) GOVERNMENT DOCTOR	250,000.00	350.00	Not Applicable	52.50	
2) GEN. MED. PRACTITIONER	500,000.00	650.00	260.00	97.50	
3) GEN. MED. PRACTITIONER	1,000,000.00	950.00	380.00	142.50	
4) GEN. MED. PRACTITIONER ( <i>Procedures</i> )	2,000,000.00	1300.00	520.00	195.00	
5) SPECIALIST ( <i>Consulting / Procedures</i> )	1,000,000.00	1300.00	520.00	195.00	
6) SPECIALIST ( <i>Consulting / Procedures</i> )	2,000,000.00	1600.00	640.00	240.00	
<b>7) HIGH RISK SPECIALIST</b>	<b>1,000,000.00</b>				
a) Obstetrics & Gynaecology		3200.00	640.00	480.00	
b) Orthopaedic Surgery		2500.00	640.00	250.00	
c) Plastic & Reconstructive Surgery		2500.00	640.00	250.00	
d) Neurosurgery		2500.00	640.00	250.00	
e) Oral & Maxillo Facial Surgery		2500.00	640.00	250.00	
<b>8) HIGH RISK SPECIALIST</b>	<b>2,000,000.00</b>				
a) Obstetrics & Gynaecology		5000.00	1280.00	750.00	
b) Orthopaedic Surgery		3500.00	1280.00	350.00	
c) Plastic & Reconstructive Surgery		3500.00	1280.00	350.00	
d) Neurosurgery		3500.00	1280.00	350.00	
e) Oral & Maxillo Facial Surgery		3500.00	1280.00	350.00	

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. (Please also include commission on inland exchange of 0.03% on the cheque amount or minimum RM0.50. **(THIS APPLIES TO OUTSTATION CHEQUES ONLY)**)

2. Please complete the following particulars if you have changed your address.

NEW WORKING ADDRESS		NEW HOUSE ADDRESS	
Postcode		Postcode	
Tel No.		Tel No.	
Fax No.		Fax No.	
E-mail		E-mail	

1) Please state your correspondence address : Working / House

2) Effective Date of change \_\_\_\_\_

**Signature of member** : \_\_\_\_\_

**Date** : \_\_\_\_\_

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**FOR OFFICE USE**

**Issued By** : \_\_\_\_\_ **Cheque / Cash** : \_\_\_\_\_

**Receipt No** : \_\_\_\_\_ **RM** : \_\_\_\_\_

**Date of Receipt** : \_\_\_\_\_