



MALAYSIAN MEDICAL INDEMNITY (MMI)

INDEMNITY INSURANCE PROPOSAL FORM

Endorsed By: Insured By:
MALAYSIAN MEDICAL ASSOCIATION CONSORTIUM OF LOCAL INSURERS
Managed By:
AON INSURANCE BROKERS (MALAYSIA) SDN BHD (7544-A)

1. Full Name : _____

2. Title : Dr Mr Prof

3. Identity Card/Passport No : Old _____ New: _____

4. Date of Birth : _____ 5. Sex : Male/Female 6. Married: Yes/No

7. Are you a GST Registrant?
If YES, please Provide the YES NO
Following:

GST Registration No : _____
GST Registration Date : _____
GST Registration Termination Date : _____ (if applicable)

This insurance is purchase for Personal Use Business Use

8. MMA Member : Yes/No

9. Medical Status : Government General Practitioner
(Please tick box) Specialist High Risk Specialist

10. Medical Specialty : _____

11. Employment Status: Government General Practitioner Private
(Please tick box) Private Specialist Medical Officer University/University Specialist

12. Employment Address: _____ Residence Address: _____

Post Code : _____ Post Code : _____
Tel No : _____ Tel No : _____
Fax No : _____ Fax No : _____
E-Mail : _____ E-Mail : _____

13. Correspondence address : Employment address/Residence address (please indicate)

14. Qualification : Degree 1 : _____ Degree 2 : _____
Country : _____ Country : _____
Date Qualified _____ Date Qualified _____

15. MMC Registration Number : _____ MMC Registration Date: _____

16. Are you currently insured for Medical Negligence? YES/NO _____

17. a) Are you aware of any claim against you? YES/NO _____

b) Are you aware of any circumstance that can give rise to a claim? YES/NO _____

If your answer is yes, please provide full information on a separate sheet.
Previous Claims History : Please list on a separate sheet all previous claims made against you in your professional capacity in the last ten years if any, stating in detail the date of incident, nature of the claim, amount claimed and the final outcome of the claim.

MALAYSIAN MEDICAL INDEMNITY INSURANCE SCHEME (MMI)

A) Category

Medical Status	Sum Insured	Premium	Additional Premium For Locum Cover Extension (Optional)	Additional Premium For Automatic Reinstatement (Optional)	GST	Stamp Duty	Total
	RM	RM	RM	RM	RM	RM	RM
1. Government Doctor	250,000.00	350.00	N/A	53.00		10.00	
2. General Medical Practitioner	1,000,000.00	950.00	380.00	150.00		10.00	
3. General Medical Practitioner	2,000,000.00	1,300.00	520.00	200.00		10.00	
4. Specialist (Low Risk)	1,500,000.00	1,800.00	550.00	200.00		10.00	
5. Specialist (Low Risk)	3,000,000.00	2,500.00	650.00	250.00		10.00	
6. Specialist (Medium Risk)	1,500,000.00	3,600.00	750.00	350.00		10.00	
7. Specialist (Medium Risk)	3,000,000.00	5,000.00	850.00	500.00		10.00	
8. Specialist (Medium Risk)	5,000,000.00	8,000.00	950.00	750.00		10.00	
9. High Risk Specialist							
a) Obstetrics & Gynaecology	1,000,000.00	15,000.00	1,250.00	1,000.00		10.00	
b) Orthopaedic Surgery	1,000,000.00	8,000.00	1,250.00	1,000.00		10.00	
c) Plastic & Reconstructive Surgery	1,000,000.00	8,000.00	1,250.00	1,000.00		10.00	
d) Neurosurgery	1,000,000.00	10,000.00	1,250.00	1,000.00		10.00	
e) Gynaecology	1,000,000.00	9,000.00	950.00	1,000.00		10.00	
10. High Risk Specialist							
a) Obstetrics & Gynaecology	2,000,000.00	19,500.00	1,750.00	1,250.00		10.00	
b) Orthopaedic Surgery	2,000,000.00	11,000.00	1,750.00	1,250.00		10.00	
c) Plastic & Reconstructive Surgery	2,000,000.00	11,000.00	1,750.00	1,250.00		10.00	
d) Neurosurgery	2,000,000.00	13,000.00	1,750.00	1,250.00		10.00	
e) Gynaecology	2,000,000.00	11,700.00	950.00	1,000.00		10.00	
11. High Risk Specialist							
a) Obstetrics & Gynaecology	3,000,000.00	24,000.00	2,000.00	1,500.00		10.00	
b) Orthopaedic Surgery	3,000,000.00	15,000.00	2,000.00	1,500.00		10.00	
c) Plastic & Reconstructive Surgery	3,000,000.00	15,000.00	2,000.00	1,500.00		10.00	
d) Neurosurgery	3,000,000.00	16,000.00	2,000.00	1,500.00		10.00	
e) Gynaecology	3,000,000.00	14,400.00	950.00	1,000.00		10.00	
12. High Risk Specialist							
a) Obstetrics & Gynaecology	5,000,000.00	35,000.00	2,500.00	1,750.00		10.00	
b) Orthopaedic Surgery	5,000,000.00	17,000.00	2,500.00	1,750.00		10.00	
c) Plastic & Reconstructive Surgery	5,000,000.00	17,000.00	2,500.00	1,750.00		10.00	
d) Neurosurgery	5,000,000.00	20,000.00	2,500.00	1,750.00		10.00	
e) Gynaecology	5,000,000.00	21,000.00	950.00	1,000.00		10.00	

Note: Specialist (Medium Risk)

The following categories of Medical Specialty will fall under Specialist (Medium Risk). All other categories of Specialist will fall under Specialist (Low Risk).

- | | | |
|---------------------------|----------------------------------|-----------------------|
| 1. Cardiothoracic Surgery | 4. Endocrine Surgery | 8. Paediatric Surgery |
| 2. Colorectal Surgery | 5. Otorhinolaryngology | 9. Vascular Surgery |
| 3. General Surgery | 6. Ophthalmology with Lasik | 10. Neonatology |
| | 7. Oral Maxillo – Facial Surgery | 11. Urology |

B) Payment for Registration of the MALAYSIAN MEDICAL INDEMNITY SCHEME

1. Please register me under Category _____ (1 – 12) inclusive/not inclusive of Locum Extension

Automatic Reinstatement

Enclosed is my payment/cheque no. _____ payable to

AON INSURANCE BROKERS (MALAYSIA) SDN BHD, for the total amount of RM _____

2. Insurance to commence from _____ to _____

3. To effect cover, please forward the completed form together with the cheque directly to
MALAYSIAN MEDICAL ASSOCIATION
 4th Floor, MMA House, 124, Jalan Pahang, 53000 Kuala Lumpur.

4. For more details of the Scheme, please contact the Scheme Managers
AON INSURANCE BROKERS (MALAYSIA) SDN BHD
 Level 10, Tower 3, Avenue 7, The Horizon, Bangsar South
 No. 8, Jalan Kerinchi, 59200 Kuala Lumpur
 Tel: +603 – 2773 7000 Fax : +603 – 2241 4811
 Contact : +6016 – 201 2413 (Mr. Sarjit Singh) or +6016 – 375 6884 (En. Zaidon Mohd)

----- **DECLARATION** -----

I hereby declare and warrant that after enquiry, all the statements and particulars contained in this proposal are true, and no information whatsoever has been withheld which might increase the risk of the insurers or influence the acceptance of this proposal and should the above particulars alter in any way, I will inform the insurer as soon as it is practicable. I understand that failure to disclose any material fact which would be likely to influence the acceptance and assessment of the proposal may result in the insurer refusing to provide indemnity or will invalidate the policy in every respect.

I agree and accept that this declaration shall be basis of contract between myself and the insurer upon the acceptance by myself of the quotation afforded by the insurer.

Date : _____

Signature : _____

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.

GOODS AND SERVICES TAX CLAUSE

The Insured and/or Insured Person agrees to pay and to hold harmless the Insurer/MPIB for any taxes or other government charges (however denominated) imposed by the government with respect to the execution or delivery of this Policy and/or Agreement.

PERSONAL DATA PROTECTION ACT 2010

MPIB is committed and have put in place a Privacy Policy to safeguard the security and confidentiality of your personal information with us. In using our services and website, you acknowledge and agree to be bound by the terms of our Privacy Policy which is available at www.mpib.com.my

Please see overleaf for categories of cover