

## MALAYSIAN MEDICAL INDEMNITY INSURANCE PROPOSAL FORM

**Managed by Aon Insurance Brokers (Malaysia) Sdn Bhd (7544-A)**  
**Insured by Consortium of Local Insurers**

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.

This insurance is purchased for  Personal Use  Business Use

### SECTION A : PERSONAL DETAILS

1 Full Name	<input style="width: 100%;" type="text"/>
2 Identity Card / Passport No.	<input style="width: 100%;" type="text"/>
3 Date of Birth	<input style="width: 100%;" type="text"/> <i>dd / mm / yy</i>
4 Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
5 Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married
6 Employment Address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>
Mobile Telephone No. <i>(compulsory)</i>	<input style="width: 100%;" type="text"/>
Telephone No.	<input style="width: 100%;" type="text"/>
Fax No.	<input style="width: 100%;" type="text"/>
E-mail	<input style="width: 100%;" type="text"/>
7 Residential Address	<input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>
Telephone No.	<input style="width: 100%;" type="text"/>
Mobile Telephone No. <i>(compulsory)</i>	<input style="width: 100%;" type="text"/>
Fax No.	<input style="width: 100%;" type="text"/>
E-mail	<input style="width: 100%;" type="text"/>
8 Correspondence	<input type="checkbox"/> Employment address <input type="checkbox"/> Residential address

**SECTION B : QUALIFICATION & PROFESSIONAL MEMBERSHIP**

1 Medical Status  Government  General Practitioner  
 Specialist  High Risk Specialist

2 Medical Specialty

3 Employment Status  Government  General Practitioner  Medical Officer  
 Private  Private Specialist  University / University Specialist

4 Qualification

Degree 1	<input type="text"/>	Degree 2	<input type="text"/>
Country	<input type="text"/>	Country	<input type="text"/>
Date Qualified	<input type="text"/> dd / mm / yy	Date Qualified	<input type="text"/> dd / mm / yy

5 MMC Registration No.

MMC Registration Date

**SECTION C : MEDICAL INDEMNITY INSURANCE HISTORY**

1 Are you currently insured for Medical Negligence?  Yes  No

*If yes, please provide*

Name of current Indemnity Provider / Insurer

Expiry Date of Current Policy   
dd / mm / yy

2 Are you aware of any claim against you?  Yes  No

If yes, please provide details of all previous claims made against you in your professional capacity in the last ten years in the table below

Date of Incident dd / mm / yy	Date of Notification	Name of Claimant (s)	Nature of Claim	Amount of Claim including Legal Costs		Final Outcome of Claim
				Estimate	Actual	

3 Are you aware of any circumstance that may give rise to a claim?  Yes  No

If yes, please provide details in the table below

Date of Incident dd / mm / yy	Name of Claimant (s)	Nature of Claim	Amount of Claim including Legal Costs		Final Outcome of Claim
			Estimate	Actual	

**SECTION D : MEDICAL INDEMNITY INSURANCE SCHEME (MMI)**

**Table 1 - Government Doctor, General Medical Practitioner, Low Risk Specialist, Medium Risk Specialist**

All rates in Ringgit Malaysia			
Medical Category	Sum Insured	Gross Premium	**Premium Payable including 6% SST and RM10 Stamp Duty
1. Government Doctor	a. 250,000	350	381
	b. 1,000,000	750	805
	c. 2,000,000	1,100	1,176
	e. 3,000,000	1,400	1,494
	f. 5,000,000	1,800	1,918
	2. General Medical Practitioner	a. 1,000,000	950
b. 1,500,000		1,200	1,282
c. 2,000,000		1,300	1,388
d. 3,000,000		1,500	1,600
e. 4,000,000		1,650	1,759
f. 5,000,000		1,800	1,918
3. Non-practicing / Retired Doctor *	a. 1,000,000	950	1,017
	b. 1,500,000	1,200	1,282
	c. 2,000,000	1,300	1,388
	d. 3,000,000	1,500	1,600
	e. 4,000,000	1,650	1,759
	f. 5,000,000	1,800	1,918
4. Low Risk Specialist	a. 1,000,000	1,600	1,706
	b. 1,500,000	1,800	1,918
	c. 2,000,000	2,200	2,342
	d. 3,000,000	2,500	2,660
	e. 4,000,000	2,800	2,978
	f. 5,000,000	3,000	3,190
5. Medium Risk Specialist	a. 1,000,000	3,000	3,190
	b. 1,500,000	3,600	3,826
	c. 2,000,000	4,500	4,780
	d. 3,000,000	5,000	5,310
	e. 4,000,000	6,500	6,900
	f. 5,000,000	8,000	8,490

**Explanatory Note :**

**\*\*Doctors with No Claims History for the past three years under the same category with continuous MMI Cover are entitled for:**

- Free One Automatic Reinstatement
- Free Locum Cover

**Doctors who renew consecutively for three years with no claims/circumstances under the same category in MMI are eligible for:**

- NCB of 2.5% on the gross premium rate at policy inception

**Doctors with Claims History**

New Proposal Submission with claims history is subject to a separate underwriting. Please consult our Aon MMI Service Team

\* Retroactive date for new applicants with nil claims history under the Medical Category 3 – Non-practicing / Retired Doctor shall be effective from the policy inception.

Kindly refer to the attached Appendix for Categories of Medical Specialist

Table 2 - High Risk Specialist				
All rates in Ringgit Malaysia				
Medical Category	Sum Insured	Gross Premium	**Premium Payable Including 6% SST and RM10 Stamp Duty	
			Without One Automatic Reinstatement	With One Automatic Reinstatement
1. High Risk Specialist - Others	a. 1,000,000	12,000	12,730.00	13,790.00
	b. 2,000,000	18,000	19,090.00	20,415.00
	c. 3,000,000	27,000	28,630.00	30,220.00
	d. 4,000,000	30,765	32,620.90	34,369.90
	e. 5,000,000	38,455	40,772.30	42,627.30
2. High Risk Specialist - Gynaecology Only	a. 1,000,000	9,000	9,550.00	10,610.00
	b. 2,000,000	11,700	12,412.00	13,472.00
	c. 3,000,000	14,400	15,274.00	16,334.00
	d. 5,000,000	21,000	22,270.00	23,330.00
3. High Risk Specialist - Obstetrics & Gynaecology	a. 1,000,000	16,200	17,182.00	18,242.00
	b. 2,000,000	21,060	22,333.60	23,658.60
	c. 3,000,000	25,920	27,485.20	29,075.20
	d. 5,000,000	37,800	40,078.00	41,933.00
4. High Risk Specialist - Orthopaedic Surgery	a. 1,000,000	8,000	8,490.00	9,550.00
	b. 2,000,000	11,000	11,670.00	12,995.00
	c. 3,000,000	15,000	15,910.00	17,500.00
	d. 5,000,000	17,000	18,030.00	19,885.00
5. High Risk Specialist - Plastic & Reconstructive Surgery	a.1,000,000	8,000	8,490.00	9,550.00
	b.2,000,000	11,000	11,670.00	12,995.00
	c.3,000,000	15,000	15,910.00	17,500.00
	d.5,000,000	17,000	18,030.00	19,885.00
6. High Risk Specialist - Neurosurgery	a. 1,000,000	10,000	10,610.00	11,670.00
	b. 2,000,000	13,000	13,790.00	15,115.00
	c. 3,000,000	16,000	16,970.00	18,560.00
	d. 5,000,000	20,000	21,210.00	23,065.00

**Explanatory Note :**

**\*\*Doctors with no claims history for the past three years under the same category with continuous MMI Cover are entitled for:**

Free Locum Cover

**Doctors who renew consecutively for 3 years with no claims/circumstances under the same category in MMI are eligible for:**

NCB of 2.5% on the gross premium rate at policy inception

**Doctors with Claims History**

New Proposal submission with claims history is subject to a separate underwriting. Please consult Aon MMI Service Team.

**SECTION E : PAYMENT & REGISTRATION**

1 Please effect my policy for the following category :

**Table 1 - Government Doctor, General Medical Practitioner, Low Risk Specialist, Medium Risk Specialist**

<p><b>1 Government Doctor</b></p> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	<p><b>3 Non-practicing / Retired Doctor</b></p> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f	<p><b>4 Low Risk Specialist</b></p> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f
<p><b>2 General Medical Practitioner</b></p> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f		<p><b>5 Medium Risk Specialist</b></p> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e <input type="checkbox"/> f

**Table 2 - High Risk Specialist**

<p><b>1 High Risk Specialist - Others</b></p> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d <input type="checkbox"/> e	<p><b>4 High Risk Specialist - Orthopaedic Surgery</b></p> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d	<p><b>6 High Risk Specialist - Neurosurgery</b></p> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d
<p><b>2 High Risk Specialist – Gynaecology Only</b></p> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d		
<p><b>3 High Risk Specialist - Obstetrics &amp; Gynaecology</b></p> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d	<p><b>5 High Risk Specialist - Plastic &amp; Reconstructive Surgery</b></p> <input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/> d	
<input type="checkbox"/> <b>Option without One Automatic Reinstatement</b>	<input type="checkbox"/> <b>Option with One Automatic Reinstatement</b>	

2 Payment Mode (refer Section F : Premium Payment Instruction)

<input type="checkbox"/> By Cheque or Bank Draft			
Cheque or Bank Draft No.	<input type="text" value="eg. MBB 123456"/>	Amount	<input type="text"/>
<input type="checkbox"/> By Interbank Giro or Telegraphic Transfer (TT)			
Reference No.	<input type="text"/>	Amount	<input type="text"/>
<input type="checkbox"/> By Direct Bank-in			
Cheque or Bank Draft No.	<input type="text" value="eg. MBB 123456"/>	Amount	<input type="text"/>
By Cash			
Deposit Slip No.	<input type="text" value="dd / mm / yy"/>	Amount	<input type="text" value="dd / mm / yy"/>

3 Please forward completed form together with Payment Advice, Cheque / Bank Draft or Cash to

**AON INSURANCE BROKERS (MALAYSIA) SDN BHD**  
 Level 10, Tower 3, Avenue 7  
 The Horizon, Bangsar South  
 No. 8, Jalan Kerinchi  
 59200 Kuala Lumpur

**T +603 2773 7000**  
**F +603 2241 4811**

**Customer Care – Joey Kiong**  
 +603 2773 7083; +6012 924 0148  
[joey.kiong@aon.com](mailto:joey.kiong@aon.com)

**Administration : +603 2773 7082**

**FOR OFFICE USE**

Receipt No.	<input type="text"/>	<b>Payment mode</b>
Date of receipt	<input type="text"/>	<input type="checkbox"/> By Cheque or Bank Draft
Amount	<input type="text"/>	<input type="checkbox"/> By Interbank Giro or TT
Receipt issued by	<input type="text"/>	<input type="checkbox"/> By Direct Bank-in

**SECTION F : PREMIUM PAYMENT INSTRUCTION****1 INTERNET BANKING OR TELEGRAPHIC TRANSFER (TT)**

- Please use the following bank details

Beneficiary Name	Aon Insurance Brokers (Malaysia) Sdn Bhd
Beneficiary Address	Level 10, Tower 3, Avenue 7 The Horizon, Bangsar South No. 8, Jalan Kerinchi 59200 Kuala Lumpur Malaysia
Bank Name	Public Bank Berhad
Bank Branch	Tiong Nam
Bank Address	Level 1 & 2, Wisma Public Bank Jalan Raja Laut 50350 Kuala Lumpur Malaysia
Bank Account Number	3088838605
Swift Code	PBBE MYKL
Reference / Remarks / Description <b>(compulsory)</b>	Doctor's Name or Identity Card Number

- Complete details in Aon Malaysian Medical Indemnity Proposal Form *and attach bank advice*

**2 CHEQUE OR BANK DRAFT**

- Make cheque or bank draft payable to **AON INSURANCE BROKERS (MALAYSIA) SDN BHD**
- Write doctor's name, identity card number and telephone number on the reverse of the cheque
- Complete details in Aon Malaysian Medical Indemnity Proposal Form and attach cheque or bank draft

**3 DIRECT BANK-IN**

- Deposit cash or cheque into our bank account

Beneficiary Name	Aon Insurance Brokers (Malaysia) Sdn Bhd
Bank Name	Public Bank Berhad
Bank Account Number	3088838605

- Complete details in Aon Malaysian Medical Indemnity Proposal Form and attach deposit slip

## SECTION G : PERSONAL DATA PROTECTION ACT 2010

MPIG 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.mpigenerali.com](http://www.mpigenerali.com).

## SECTION H : 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.

Signature

Date

dd / mm / yy

### FOR FURTHER INFORMATION, PLEASE CONTACT:

#### Head Office

AON INSURANCE BROKERS (MALAYSIA) SDN BHD  
Level 10, Tower 3, Avenue 7  
The Horizon, Bangsar South  
No. 8, Jalan Kerinchi  
59200 Kuala Lumpur

T +603 2773 7000  
F +603 2241 4811

#### Claims Management:

Safuan Rosly +603 2773 7078  
+6017 209 3159  
[safuan.rosly@aon.com](mailto:safuan.rosly@aon.com)

#### Head of MMI:

Dr. Kasturi Maniam Nair +603 2773 7080  
+6013 347 6949  
[kasturi.maniam.nair@aon.com](mailto:kasturi.maniam.nair@aon.com)

#### Penang Branch

AON INSURANCE BROKERS (MALAYSIA) SDN BHD  
163E-11-01, Level 11  
Hunza Tower  
Jalan Kelawei  
10250 Penang

T +604 296 7700  
F +604 228 1129

**APPENDIX**

<b>Medical Category</b>	<b>Medical Specialty</b>	<b>Please select your category</b>
<b>Low Risk</b>	Accident And Emergency	
	Audiological Medicine	
	Blood Transfusion	
	Clinical Cytogenetics	
	Clinical Genetics	
	Clinical Immunology And Allergy	
	Community Health	
	Dermatology	
	General Medicine	
	Gastroenterology	
	Genito-Urinary Medicine	
	Geriatric Medicine	
	Haematology	
	Immunology	
	Infectious Diseases	
	Intensive Care	
	Nephrology	
	Nuclear Medicine	
	Occupational Health	
	Oncology	
	Ophthalmology ((Excluding Laser Refractive Surgery)	
	Paediatric without surgery	
	Palliative Medicine	
	Pathology	
	Pharmaceutical Physician	
	Physiology	
	Preventative Medicine	
	Psychiatry	
	Radiotherapy	
	Rehabilitation Medicine	
Renal Medicine		
Respiratory Medicine		
Rheumatology		
Sports Medicine		
Thoracic Medicine		
Others (Please give full description)		
<b>Medium Risk</b>	Anaesthetics	
	Radiology	
	Cardiothoracic Surgery	
	Colorectal Surgery	
	Endocrine Surgery	
	General Surgery	
	Neonatology	
	Neurology	
	Oral and Maxillo-Facial Surgery	
	Thoracic Surgery	
	Urology	
	Vascular Surgery	
	Bariatric Surgery	
	<b>High Risk</b>	Others (Diagnostic Laparoscopy, Ophthalmology with Lasik, Otorhinolaryngology, Paediatric Surgery)
Gynaecology only		
Neurosurgery		
Obstetrics & Gynaecology		
Orthopaedic Surgery		
Plastic and Reconstructive Surgery		