



MDM SECURE INSURANCE SCHEME APPLICATION FORM 2023

NOTICE TO THE PROPOSED INSURED

Duty of Disclosure

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.

Important Note

This application of insurance is not applicable for treatment of public patients in public/government hospital

1. PERSONAL DETAILS

- 1.1 **Name of Practitioner:**
(Title) _____ (Given Names) _____ (Surname) _____
- 1.2 **Date of Birth:**

- 1.3 **Your New Identity Card (IC) Number / Passport Number:**

- 1.4 **Home Address:**

- 1.5 **Contact:**
(Mobile Number) _____ (E-mail Address) _____
- 1.6 **Malaysian Medical Council (MMC) Registration Number:** _____

2. MEDICAL PRACTICE INFORMATION

- 2.1 **In what Healthcare Services specialisation do you practice in?**

Please refer to the list of Healthcare Services specialisations following this application for information about the insurance we offer.

It is important to check that the Healthcare Services specialisation you select provides cover for all work you undertake for which you require insurance from us.

If you are unclear which Healthcare Services specialisations to select please contact SSCA Management Sdn Bhd.

- 2.2 **Do you have a current Medical Malpractice Certificate?** Yes No



3. CLAIM HISTORY

- 3.1 Have you had a previous claim? Yes No
- 3.2 Are you aware of any potential claims? Yes No

If you have answered YES to any of the above questions, please provide a detailed description of each matter below:

Date of Incident	Date You Became Aware of Incident	Details of Incident Including Gender and Age of Patient (Where Applicable)	Date Reported to Past Insurer	Cost Incurred

Any claims and circumstances which might give rise to a claim(s) or proceedings must be reported to us as soon as possible.

4. POLICY DETAILS

- 4.1 Limit of Indemnity required:
 RM 1,000,000 RM 2,000,000 RM 3,000,000 RM 5,000,000 RM 10,000,000
- 4.2 Intended Start Date of Policy:

- 4.3 Final Premium Payable:
 RM _____ (Inclusive of Service Tax and RM10 Stamp Duty)

IMPORTANT NOTICE

You are reminded that at all times have an utmost good faith duty to declare but not limited to all known claims and known circumstances that can give rise to a claim in the future prior to policy inception and during the policy period. We under the same utmost good faith duty has always the right to review its terms and conditions of the policy if

- You had experience any medical malpractice losses/circumstances/claims in the past;
- You had any losses/circumstances/claims reported under the existing policy, until 31 December 2022 or;
- You had change(s) on your Healthcare Services Specialisation which you are practicing during the period of insurance



DECLARATION

I, the undersigned Insured Person declare as follows:

1. I have read and understood the Notice to the Proposed Insured on the front of this Proposal Form.
2. I have read this Proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
3. I understand that, up until a contract of insurance is entered into, I am under a continuing obligation to immediately inform the insurer of any change in the particulars or statements contained in this Proposal or in the accompanying documents.
4. I understand that it is my duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I hereby declare that I have fully and accurately answered the questions above.

Although the signing of this Proposal does not bind the Applicant to effect insurance, the Applicant acknowledges that the particulars and statements contained in this Proposal and in the accompanying documents shall be the basis of the contract should a Policy be issued. Furthermore, the Applicant acknowledges that the Proposal and the accompanying documents will be incorporated in the Policy.

I also authorize Lonpac Insurance Bhd and its agents to obtain from other insurers, insurance reference bureaus or similar organisations any information about this insurance or any other insurance of mine including the information in this application and my insurance claims history.

Name of Practitioner: _____

Signature of Practitioner: _____

Date: _____



PAYMENT OF PREMIUM

I wish to pay my annual premium for the sum of RM _____ as follows: (Please tick ✓)

METHOD OF PAYMENTS

Cheque No. _____

Payable to **LONPAC INSURANCE BHD (307414-T)**

Inter-Bank Giro (IBG)

If you have an Internet Banking account, you can make online payment to us via IBG.
You can also visit any IBG participating bank branches and fill in the Interbank GIRO form to make payment.

Lonpac Bank Account Number **9899000001177**

The details mentioned below will be required for payment via IBG:

Beneficiary Bank	CIMB Bank
Beneficiary Name	Lonpac Insurance Bhd
Beneficiary Account Number	9899 000 000 1177
Swift Code	CIBBMYKL

Note: Please attach proof of payment

This proposal form should be sent to the below mentioned address together with your cheque or proof of payment of Inter-Bank Giro (IBG)

Address: **SSCA Risk Management Sdn Bhd**
M-3-4, 2nd Floor, Plaza Damas,
No. 60, Jalan Sri Hartamas 1,
Sri Hartamas,
50480 Kuala Lumpur.

Email: admin@ssca.com.my

Telephone: **+603 6201 6086**

Fax: **+603 6201 6087**

PRIVACY POLICY

For information on our privacy policy, please visit our website www.lonpac.com/web/my/privacy_policy_my



Premium Table 2023 – Premium including Service Tax 6% & Stamp Duty RM10

SPECIALISATION	LIMIT OF LIABILITY & ANNUAL PREMIUM				
	RM 1Mil	RM 2Mil	RM 3Mil	RM 5Mil	RM 10Mil
Anaesthesia	3,200	4,300	5,000	6,300	8,050
Bariatric Surgery (Includes work in the GENERAL SURGERY specialisation but also includes Bariatric procedures)	11,000	14,700	17,950	24,000	30,600
Cardiology – Interventional (Includes work in CARDIOLOGY - NON-INTERVENTIONAL specialisation but also includes interventional procedures)	3,200	4,300	5,000	6,300	8,050
Cardiology – Non-Interventional (Excludes any interventional procedures)	2,830	3,530	4,010	4,730	5,910
Cardiothoracic Surgery	3,200	4,300	5,000	6,300	8,050
Colorectal Surgery	3,200	4,300	5,000	6,300	8,050
Dermatology	1,600	2,200	2,500	3,200	4,100
Emergency Medicine	1,600	2,200	2,500	3,200	4,100
Endocrine Surgery	3,200	4,300	5,000	6,300	8,050
Endocrinology	1,400	2,200	2,700	3,100	5,000
Gastroenterology	3,200	4,300	5,000	6,300	8,050
General Physician	1,600	2,200	2,500	3,200	4,100
General Practice – Aesthetic Practice	1,400	1,800	2,000	2,400	3,000
General Practice – Procedural (Limitation as listed below)	1,400	1,800	2,000	2,400	3,000
General Practice – Non-Procedural	750	1,150	1,350	1,500	2,500
General Surgery (Excludes any Bariatric procedures)	3,200	4,300	5,000	6,300	8,050
Genetics	3,200	4,300	5,000	6,300	8,050
Geriatric Medicine	1,600	2,200	2,500	3,200	4,100
Gynaecology (Excludes any IVF)	9,000	12,000	14,400	21,000	26,800
Haematology	1,600	2,200	2,500	3,200	4,100
Immunology And Allergy	1,600	2,200	2,500	3,200	4,100
Intensive Care	3,200	4,300	5,000	6,300	8,050
Nephrology	1,600	2,200	2,500	3,200	4,100
Neurology	3,200	4,300	5,000	6,300	8,050
Nuclear Medicine	1,600	2,200	2,500	3,200	4,100
Occupational Medicine	1,600	2,200	2,500	3,200	4,100
Oncology	1,600	2,200	2,500	3,200	4,100
Ophthalmology – Non-Procedural (Excludes any surgical procedures)	1,600	2,200	2,500	3,200	4,100



SPECIALISATION	LIMIT OF LIABILITY & ANNUAL PREMIUM				
	RM 1Mil	RM 2Mil	RM 3Mil	RM 5Mil	RM 10Mil
Ophthalmology – Procedural <i>(Includes work in the OPHTHALMOLOGY - NON- PROCEDURAL specialisation but also includes surgical procedural)</i>	3,200	4,300	5,000	6,300	8,050
Oral & Maxillofacial Surgery	3,200	4,300	5,000	6,300	8,050
Orthopaedic Surgery <i>(Excludes any neck or spinal procedures)</i>	8,000	10,700	12,600	16,000	20,400
Otolaryngology (Surgery)	3,200	4,300	5,000	6,300	8,050
Paediatric Surgery	3,200	4,300	5,000	6,300	8,050
Paediatrics	2,880	3,590	4,090	4,820	6,020
Pain Management	1,600	2,200	2,500	3,200	4,100
Palliative Care	1,600	2,200	2,500	3,200	4,100
Pathology	1,600	2,200	2,500	3,200	4,100
Pharmacology	1,600	2,200	2,500	3,200	4,100
Psychiatry	1,600	2,200	2,500	3,200	4,100
Public And Community Health	1,600	2,200	2,500	3,200	4,100
Radiation Oncology	1,600	2,200	2,500	3,200	4,100
Radiology – Interventional	3,200	4,300	5,000	6,300	8,050
Radiology – Non-Interventional	2,400	3,300	3,800	4,800	6,100
Rehabilitation	1,600	2,200	2,500	3,200	4,100
Respiratory Medicine	1,600	2,200	2,500	3,200	4,100
Rheumatology	1,600	2,200	2,500	3,200	4,100
Sports Medicine	1,600	2,200	2,500	3,200	4,100
Urology	3,200	4,300	5,000	6,300	8,050
Vascular Surgery	12,500	16,720	19,950	26,401	33,650

General Practitioner with procedures limited to:

Assisting at Surgery, Lumbar Puncture for Diagnosis only, Removal of foreign bodies from eye under local anaesthetic, removal of ingrown toenails (but no Zadek Procedures), Removal of lipomas under local anaesthetic, Removal of subcutaneous cysts under local anaesthetic, Repair of superficial skin lacerations (not involving muscles or tendons), Incision and Drainage under local anaesthetic, Circumcision, IUCD insertion and removal, Cortisone injections, Emergency reduction of fracture/dislocation of joints not requiring general anaesthetic.