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Great American Individual Medical Malpractice Liability Insurance

Allied Health (Individual Therapist Proposal Form)

Statement Section 23(5)

Statement pursuant to Section 23(5) of the Insurance Act (Cap.142). You are to disclose in this proposal form fully and faithfully all the facts which you know or ought to know, otherwise you may not receive any benefit from your policy.

Note to the Applicant

This **Proposal** Form is for the **Applicant** to complete and submit to **Great American** (together with all required information and documents) for the purpose of applying for Great American Medical Malpractice Insurance Policy.

- Please answer **ALL** questions fully. If there is insufficient space in this form for you to complete any of your answers, please attach a separate **signed** and **dated** sheet with your complete answer and identify the question number concerned.
- In this **Proposal** Form:
 - "Applicant"** means the entity intended to be the insured, defined as the **Insured** in the **Policy**.
 - "Great American"** means the Singapore Branch of Great American Insurance Company.
 - "Policy"** means Great American Medical Malpractice Insurance Policy, a sample of which is available on request. For avoidance of doubt, references to the **Policy** shall not bind **Great American** to issue one.
 - The words **"Insured Person(s)"** and **"Insured"** have the same meanings as defined in the **Policy**.

Details of Applicant

Name of Applicant _____	Contact No. _____
Mailing Address _____	Postal Code _____
NRIC/Fin No. _____	Date of Birth _____
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Period of Insurance	
Commencement Date _____	Email _____

Professional Details

Profession	<input type="checkbox"/> Occupational Therapist	<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Speech-Language Therapist
	<input type="checkbox"/> Diagnostic Radiographer	<input type="checkbox"/> Radiation Therapist	
AHPC Registration Number _____			

Premium Table (inclusive of GST)

Annual Premium	Limit of Liability		
	S\$250,000	S\$500,000	S\$1,000,000
Category A	500	650	950
Category B	750	950	1,150

Step 1 – Select Limit of Indemnity

Annual Income from Practice**	<input type="checkbox"/> Category A <input type="checkbox"/> Category B	Less than \$60,000 per year Between \$60,000 and \$100,000 per year
Limit of Liability* <i>(any one claim and in the aggregate)</i>	<input type="checkbox"/> \$250,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	
Deductible* <i>(each and every claim)</i>	\$5,000	

* Limit & Deductible are inclusive of Costs & Expenses

** Separate underwriting is required for Annual Income of more than S\$100,000.

*** All amounts shown are in Singapore dollars (S\$)

Step 2 – Claims/Circumstances related to your Profession

	Yes	No
Have any claims or complaints ever been made against you in the last 10 years?	<input type="checkbox"/>	<input type="checkbox"/>
Are you aware of any circumstances which may result in a claim against you?	<input type="checkbox"/>	<input type="checkbox"/>
Has any Insurer ever declined, cancelled or imposed special conditions in relation to this type of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been subject to disciplinary proceedings for professional misconduct by a professional body or any statutory registration board or been called upon to respond to a complaint?	<input type="checkbox"/>	<input type="checkbox"/>

If any of your answers is yes to the above, please provide details below:

Payment Option

☐ Bank Transfer -

Beneficiary Name:	Great American Insurance Company
Bank Name:	DBS Bank Limited Singapore
Bank Address:	12 Marina Boulevard, DBS Asia Central MBFC Tower 3, Singapore 018982
SGD Account No.:	0039330324
Swift Code:	DBSSSGSG
PayNow:	UEN: T15FC0029B001



I hereby authorize "Great American Insurance Company" to debit my credit card account as specified below.

Credit Card Type: ☐ MasterCard ☐ VISA

Credit Card No. _____

Credit Card Expiry (MM/YYYY) _____

Cardholder's Name _____

Cardholder's Signature _____

Declaration and Signature

Warranty

I hereby warrant and declare on behalf of all **Insured Person(s)** as follows:

- a. I/We hereby declare that I/we have received, read and understood, or have been advised of and understand, the contents of the brochure and any information or material relating to Great Enterprise Insurance Package PLUS for SME Policy.
- b. I/We understand and agree that no insurance is in force until an Application is accepted by the Company and a Policy is issued.
- c. I/We are aware of and agree to abide by the Policy's terms, conditions and exclusions.

False Information

Please note that any person who, knowingly and with intent to defraud any insurance company or other person, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Important Notice

This product is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for this Policy is automatic and no further action is required from the Insured. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact the Great American servicing agent/broker or visit the GIA/LIA or SDIC websites (www.gia.org.sg) or (www.lia.org.sg) or (www.sdic.org.sg)

Personal Data Protection

1. In order to process, evaluate, administer and/or manage your application, relationship, account and/or policy with Great American Insurance Company, Singapore Branch ("**Great American**"), Great American will necessarily need to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes (i) information set out in this statement and any other personal information provided by you or already in the possession of Great American as previously provided by you; and (ii) your claims.
2. Such personal data will be collected, used, disclosed and/or processed by "**Great American**" for the purpose(s) of:
 - a. considering whether to provide you with the insurance you applied for including considering whether to accept any renewal request;
 - b. processing your application for underwriting and insurance;
 - c. administering and/or managing your relationship, account and/or policy with Great American;
 - d. processing and/or dealing with any claims including the settlement of claims and any necessary investigations relating to the claims, under your policy;
 - e. carrying out due diligence or other screening activities (including background checks) in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by Great American;
 - f. carrying out your instructions or responding to any enquiries by you;
 - g. dealing in any matters relating to the services and/or products which you are entitled to under a policy which you are applying for or have applied for; (including the mailing of correspondence, statements, invoices, reports or notices to you, which could involve disclosure of certain personal data about you to bring about delivery of the same as well as on the external cover of envelopes/mail packages);
 - h. investigating fraud, misconduct, any unlawful action or omission, whether relating to your application, your renewal request, your claims or any other matter relating to your policy, and whether or not there is any suspicion of the aforementioned; and/or
 - i. complying with applicable law in administering and managing your relationship with Great American.

(collectively the "**Purposes**")

3. We may/will also be collecting from sources other than yourself, personal data about you, for one or more of the above Purposes, and thereafter using, disclosing and/or processing such personal data for one or more of the above Purposes.
4. Your personal data may/will be disclosed by Great American to affiliates of Great American and third parties such as third party service providers, reinsurers or agents (including its lawyers/law firms) ("**Relevant Parties**"), which may be sited outside of Singapore, for one or more of the above Purposes, and such Relevant Parties would be processing your personal data for Great American in relation to one or more of the above Purposes.

Declaration and Signature *Continued*

5. By signing below, you:

 - a. consent to Great American collecting, using, disclosing and/or processing your personal data for the Purposes as described above;
 - b. consent to Great American collecting personal data about you from sources other than yourself and using, disclosing and/or processing the same, for one or more of the Purposes as described above;
 - c. consent to Great American disclosing your personal data to the Relevant Parties, for the Purposes as described above; and
 - d. consent to Great American transferring your personal data out of Singapore to the Relevant Parties, for the Purposes as described above.

☐ I have read and agree to the above.

Declaration and Signature

The undersigned authorized principal, partner or director of the **Applicant** hereby declare that to the best of his/her knowledge and belief, the statements set forth herein and all attachments and schedules hereto are true and complete, and immediate notice will be given should any of the above information alter between the date of this **Proposal** and the proposed inception date of the **Policy**. Although the signing of this **Proposal** does not bind the undersigned on behalf of the **Applicant** or any potential **Insured** to effect insurance, the undersigned agree on behalf of all potential **Insured** that this **Proposal** and all attachments and schedules hereto and the said statements herein shall be the basis of and will be incorporated in the **Policy** should one be issued.

Signature of Applicant _____

Date _____