

**PROPOSAL FORM 投保書****Important Notice 重要事項：**

1. You are to disclose in this Proposal Form, fully and faithfully, all the facts that you know or ought to know, otherwise the policy issued hereunder may be void. 您須於投保書內全面而誠實地披露所知或應知的全部事實，否則據此投保書發出的保單可被作廢。
2. This insurance is subject to the Premium being paid by you and received in full by Allied World within the period specified in the Premium Payment Warranty applied to the Policy, failing which, there will be no liability under this cover. 您須於指定的付款期內支付保費予世聯全數收取，否則保單提供的保障將告無效。
3. The liability of Allied World does not commence until this application is accepted. 投保經接納後，世聯的承保責任方告生效。

**Details of Proposer 投保人資料** (Please fill in English. 請以英文填寫)

**Name of Chinese Medicine  
Practitioner to be insured ("Proposer")**  
受保中醫姓名 (下稱投保人)

HKID Card No.

**Name & Address of Clinic**  
診所名稱及地址

**Chinese Medicine Practitioner  
Registered Number**  
註冊中醫編號

**Name of Employee 僱員姓名**

(Applicable to vicarious liability  
cover. Max. 3 persons.  
同時投保轉承責任適用，最多 3 人)

If the Proposer currently carries Professional Indemnity/Medical Malpractice Insurance, please provide details. 如投保人現正受保於其他專業責任保險，請提供以下詳情。

**Insurance Company 保險公司名稱**

**Expiry Date 保險到期日**

**Retroactive Date 追溯有效期\***

(\*Please provide the copy of the expiring Policy Schedule as a proof of the Retroactive Date.  
請提供現有保單明細表影印本以證明上述的追溯有效期。)

### General Questions 一般問題

Premium rates indicated on this proposal form are valid only if all answers to General Questions are 'Yes', otherwise subject to separate underwriting and quotation.

這部份的答案須全部屬「是」，下述保費表才能適用，否則須另行批核及報價。

1.	Is the Proposer a registered Chinese Medicine Practitioner under Cap 549? 投保人是否根據香港法例第 549 章註冊成為「註冊中醫」?	Yes 是 <input type="checkbox"/> / No 不是 <input type="checkbox"/>
2.	Does the Proposer hold a valid Practicing Certificate under Cap 549? 投保人是否持有符合香港法例第 549 章要求的有效執業證明書?	Yes 是 <input type="checkbox"/> / No 不是 <input type="checkbox"/>
3.	Has the Proposer been registered as a registered Chinese Medicine Practitioner under Cap 549 for 2 years or more? 投保人是否根據香港法例第 549 章註冊成為「註冊中醫」達兩年或以上?	Yes 是 <input type="checkbox"/> / No 不是 <input type="checkbox"/>
4.	Is the Proposer's fee income wholly derived from the provision of Chinese medical service in Hong Kong? 投保人的診金收入是否全部來自香港行醫所得?	Yes 是 <input type="checkbox"/> / No 不是 <input type="checkbox"/>
5.	Is the Proposer's annual fee income less than HK\$2,500,000? 投保人全年診金收入是否低於 250 萬港元?	Yes 是 <input type="checkbox"/> / No 不是 <input type="checkbox"/>
6.	Is it true that the Proposer has no clinic, office or representation outside of Hong Kong? 投保人在香港以外地方沒有設立診所、辦公室或代辦處?	Yes 是 <input type="checkbox"/> / No 不是 <input type="checkbox"/>
7.	Does the Proposer use only sterilized apparatus and/or disposable needles in compliance with the Chinese Medicine Ordinance under Cap 549 and the Department of Health guidelines? 投保人是否遵照中醫藥條例 (香港法例第 549 章) 及衛生署指引，僅使用已消毒的器具及/或即棄針具?	Yes 是 <input type="checkbox"/> / No 不是 <input type="checkbox"/>
8.	Is it true that no insurer in respect of the risks to which this proposal relates, has ever declined a proposal, refused renewal or terminated insurance? 投保人從未由於與此投保書有關的風險事項被其他保險公司拒絕投保、拒絕續保或終止保險?	Yes 是 <input type="checkbox"/> / No 不是 <input type="checkbox"/>
9.	Is it true that the Proposer is not aware of any claims having been made against the Proposer or any partner, principal, director, consultant or employee of the clinic, or any predecessors in business for neglect, error or omission in relation to professional duties for the past six years? 據投保人所知，在過去六年內沒有任何針對投保人本人，或診所任何合夥人、主要負責人、董事、顧問、職員或任何前任人，因為專業職責的疏忽、錯誤或不作為而被提出索償?	Yes 是 <input type="checkbox"/> / No 不是 <input type="checkbox"/>
10.	Is it true that the Proposer, after enquiry, is not aware of any circumstance which might give rise to a claim against the Proposer or any partner, principal, director, consultant or employee of the clinic or any predecessors in business? 投保人向別人查詢後，不知悉有任何情況是針對投保人本人，或診所任何合夥人、主要負責人、董事、顧問、職員或任何前任人，會因為專業職責的疏忽、錯誤或不作為而被提出索償?	Yes 是 <input type="checkbox"/> / No 不是 <input type="checkbox"/>

# PROFESSIONAL INDEMNITY INSURANCE FOR INDIVIDUAL CHINESE MEDICINE PRACTITIONER 專業責任保險 – 個人執業中醫

## Premium Table 保費表

Please tick the appropriate box for:

- 1) scope of Medical Service Engaged and
- 2) Limit of Indemnity

請在合適的空格內剔選：

- 1) 投保人提供的中醫服務範圍及
- 2) 所需保障額

Scope of Medical Services Engaged 提供的中醫服務範圍  Limit of Indemnity requested 所需保障額	Consultation Type 中醫服務性質		
	<input type="checkbox"/> General Consultation <u>Excluding</u> dispensation of herbal medicine  中醫全科 (不包括配藥)	<input type="checkbox"/> General Consultation <u>Including</u> dispensation of herbal medicine  中醫全科 (包括配藥)	<input type="checkbox"/> General Consultation <u>Including</u> dispensation of herbal medicine, * Bone-setting and/or ** Acupuncture  中醫全科(包括配藥)、 * 跌打及/或 **針灸
Options for Limit of Indemnity 保障額選擇			
<b>Option 1 選擇1:</b> 保障額 (每宗索償/索償總額) <input type="checkbox"/> Limit of Indemnity HK\$3,000,000 (AOC/ AGG)	1a) Annual Premium 全年保費 HK\$1,500	1b) Annual Premium 全年保費 HK\$2,000	1c) Annual Premium 全年保費 HK\$2,600
<b>Option 2 選擇2:</b> 保障額 (每宗索償/索償總額) <input type="checkbox"/> Limit of Indemnity HK\$5,000,000 (AOC/ AGG)	2a) Annual Premium 全年保費 HK\$1,650	2b) Annual Premium 全年保費 HK\$2,300	2c) Annual Premium 全年保費 HK\$3,100

\* Bone-setting includes Tui-na & Massage Therapy 跌打包括推拿及按摩治療

\*\* Acupuncture includes Cupping Glass 針灸包括拔罐

Excess applies to all the above options 上述保障項目均設自負額如下：

- General Consultation 中醫全科: Each & every claim 每單一索償自負額 HK\$5,000
- Bone-setting/ Acupuncture 跌打/針灸: Each & every claim 每單一索償需自負額 HK\$10,000

Intended Policy Commencement Date

預期保障生效日期

/ /

DD 日 / MM 月 / YYYY 年

**Declaration 聲明**

- I I/We declare, to the best of my/our knowledge and belief, that  
本人/我們謹此聲明，根據本人/我們所知及所信：
- a. All the answers given in the Proposal Form are true. 於本投保書填報的資料均實屬真確。
  - b. All the material factors affecting the assessment of the risks have been declared. 所有影響評估承保風險的重要事項已作申報。
- II I/We declare and understand that the cover provided herein is subject to the condition precedent  
that 本人/我們謹此聲明並明白所投保的保障須符合以下條件方能生效：
- a. I/We never had any insurance policy terminated in the last twelve (12) months due solely or in part to a breach of any Premium Payment condition, or  
本人/我們於過去12個月內，沒有因為與繳付保費有關的單一或其他原因而導致保單終止，或
  - b. I/We have never breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months  
本人/我們於過去12個月內，沒有違反其他保險公司保單繳費條件：
    - i. all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy have been fully paid, and 已向前保險公司全數付清因提早終止前保險合約而應付的保費，以及
    - ii a copy of the written confirmation from the previous insurer to this effect is hereby provided. 於此附上由前保險公司的書面證明作實。
- III I/We declare and agree that this Proposal and Declaration shall be the basis of the contract between me/us and Allied World, subject to all the terms and conditions of this Policy. No insurance policy shall be deemed to be in force until the Proposal has been accepted by Allied World, and the premium fully paid.  
本人/我們聲明及同意本投保書及聲明將成為本人/我們與世聯的保險合約基礎，並受本保單的條款限制。投保書須經世聯接納，並於保費全數交訖後，保單方告生效。
- IV If this Proposal has not been completed by me/us personally, I/We declare that I/We have read the completed form and accept full responsibility for the answers.  
若投保書並非由本人/我們親自填寫，本人/我們聲明本人/我們已閱讀填妥的投保書，並為提供的資料負上全責。

**Signature 簽署****Date 日期**\_\_\_\_\_  
The Proposer 投保人\_\_\_\_\_  
DD 日 / MM 月 / YYYY 年

IA Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate. For further information, please visit <https://donline.alliedworldgroup.com.hk/file/IALeVy.pdf> or contact: (852) 2968 3000.  
由保險業監管局收集的保費徵費已按照適用徵費率計算在這張保單內。欲了解更多詳情，請登入 <https://donline.alliedworldgroup.com.hk/file/IALeVy.pdf> 或致電我們：(852) 2968 3000。

# Personal Information Collection Statement

## Purpose of Collection

Allied World Assurance Company, Ltd ("Allied World") may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

## Transferee

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World's group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World's other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities, in each case both within and outside of the Hong Kong Special Administrative Region.

## Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies' general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer's signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World's Compliance Officer at the contacts set out below.

## Access Requests and Corrections

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to [hkcompliance@awac.com](mailto:hkcompliance@awac.com).