



**MEMBERS OF GELFAAM  
 PROFESSIONAL INDEMNITY PROPOSAL FORM**

1. THIS FORM IS TO BE COMPLETED BY THE PROPOSER.
2. PLEASE ANSWER ALL QUESTIONS OR IF CERTAIN PARTS IN THIS PROPOSAL FORM IS INAPPLICABLE, AN ALTERNATIVE INFORMATION IS REQUIRED, IF ANY.
3. YOU ARE PERMITTED TO COMPLETE THE ANSWER IN A SEPARATE SHEET IF THERE IS AN INSUFFICIENT SPACE IN THE PROPOSAL FORM
4. YOU MAY PROVIDE YOUR OPERATION BROCHURE TOGETHER WITH THIS PROPOSAL FORM, IF ANY
5. THE FACTS PROVIDED BY YOU IN THIS PROPOSAL FORM ARE FULLY AND FAITHFULLY, IN ACCORDANCE TO SECTION 149 (4) OF THE INSURANCE ACT 1996

Agency : GELFAAM (KG 0069)

Tel : 03- 9200 6300

Fax : 03- 9200 6400

**SECTION A – GENERAL INFORMATION**

1	Details of the Proposer :-  Full Name : _____ Gender : Male / Female  NRIC : _____ GELM Agency Code : _____  Position In GELM: SGSM / GSM / USM/ CA/ AGENT Agent of GELM since : _____ (year,e.g 1980)  Contact No. : Office _____ Handphone _____ Facsimile _____
2	Mailing Address :- If more than one, please give each address and indicate Partner or Principal who is responsible for work at each address.   
3	Proposer's Qualification (e.g SPM, Degree, LPA, RFP) and Year Qualified  _____

**SECTION B – CLAIMS INFORMATION**

4	Have you ever been subject to disciplinary proceedings for professional misconduct ? YES <input type="checkbox"/> NO <input type="checkbox"/> If 'Yes', please provide details.												
5	Have any claims of negligence or breach of professional duty been made in the last 10 years against you, or have circumstances been notified to Insurers that might give rise to a claim ? YES <input type="checkbox"/> NO <input type="checkbox"/> If 'Yes', please provide details. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date Matter Notified</th> <th style="width: 15%;">Name of Insurer (if any)</th> <th style="width: 15%;">Name of Claimant or Potential Claimant</th> <th style="width: 15%;">Brief description of the Matter</th> <th style="width: 15%;">Amount Paid or Estimate of Potential Liability</th> <th style="width: 15%;">Is Matter Finalized or Outstanding</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Date Matter Notified	Name of Insurer (if any)	Name of Claimant or Potential Claimant	Brief description of the Matter	Amount Paid or Estimate of Potential Liability	Is Matter Finalized or Outstanding	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____								
6	Are you aware of any claim or circumstances that might give rise to a claim which matter is not referred to in Question (5) above? YES <input type="checkbox"/> NO <input type="checkbox"/> If 'Yes', please provide details. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name of Claimant or Potential Claimant</th> <th style="width: 30%;">Brief description of the Matter</th> <th style="width: 30%;">Estimate of Potential Liability</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name of Claimant or Potential Claimant	Brief description of the Matter	Estimate of Potential Liability	_____	_____	_____						
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_____	_____	_____											



7	Has any Insurer :  (a) Declined Proposal or renewal for this Practice or any Partner / Principal? (b) Required an increased premium or imposed special terms? (c) Cancelled Insurance? If 'Yes', please provide details. _____	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
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**SECTION C – INSURANCE REQUIREMENTS**

8	What is the amount of indemnity required?				
	Plan	Tick (✓)	Limit of Indemnity	Deductible	Premium
	A	<input type="checkbox"/>	RM200,000 each and every claim / RM1,000,000 in the aggregate	RM1,000 each & every claim	RM 170.00
	B	<input type="checkbox"/>	RM500,000 each and every claim / RM1,000,000 in the aggregate	RM1,000 each & every claim	RM 255.00
	<b>Optional Extension</b> (applicable to USM / GSM / SGSM)				
	<input type="checkbox"/>		Fraud & Dishonesty (Sub Limit : RM 20,000)	RM1,000 each & every claim	RM 42.50
	Total Premium (RM) : _____				

**PERSONAL DATA PROTECTION ACT 2010 (PDPA)**

Any information we do collect will be used for the purpose of conducting our relationship with you and will be used for the purpose of underwriting your insurance cover, managing the policy we issue for you, and administering any claims you make. We may need to transfer some or all of this information to our insurance underwriters, their claims handlers, medical assistance companies or other medical practitioners. You have the right to access any details that we hold about you and to amend or delete anything that you may believe is inaccurate or out of date. By signing this declaration you are consenting to us using the information we hold about you in the ways described above.

I/We declare that the statements and particulars in this proposal are true and that I/We have not misstated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us shall form the basis of any contract or insurance affected thereon. I/We undertake to inform Overseas Assurance Corporation (Malaysia) Berhad of any materials alteration to these facts whether occurring before or after completion of the contract of insurance.

Signature of Proposer \_\_\_\_\_  
 Name of Signatory \_\_\_\_\_  
 Date \_\_\_\_\_

**SECTION D – PAYMENT OPTIONS**

Option A, I enclose cheque no. \_\_\_\_\_ for RM \_\_\_\_\_ made payable to Overseas Assurance Corporation (Malaysia) Berhad.

Option B, I hereby authorize Overseas Assurance Corporation (Malaysia) Berhad to charge my premium amount RM \_\_\_\_\_ to my

Visa / Master Card No :

Expiry Date (MM/YY) :   /

Cardholder Name : \_\_\_\_\_ Issuing Bank : \_\_\_\_\_

\_\_\_\_\_  
 Signature of Cardholder  
 Contact Number :