



SUN HUNG KAI INSURANCE CONSULTANTS LIMITED

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新鴻基保險顧問有限公司

Malpractice Liability Insurance for Optometrists (Members of HKSPO only)

NOTICE TO THE PROPOSED INSURED

1. Disclosure of Relevant Facts

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Comment

The requirement of full and frank disclosure of anything which may be material to the risk for which you seek cover (eg. claims, whether founded or unfounded), or to the magnitude of the risk, is of the utmost importance with this type of insurance. It is better to err on the side of caution by disclosing anything which might conceivably influence the insurer's consideration of your proposal.

2. Claims Made Policy

This proposal is for a "claims made" policy of insurance. This means that the policy covers you for claims made against you and notified to the insurer during the period of cover. This policy does not provide cover in relation to:

- events that occurred prior to the retroactive date of the policy (if such a date is specified);

- claims made after the expiry of the period of cover even though the event giving rise to the claim may have occurred during the period of cover;
- claims notified or arising out of facts or circumstances notified (or which ought reasonably to have been notified) under any previous policy;
- claims made, threatened or intimated against you prior to the commencement of the period of cover;
- facts or circumstances of which you first became aware prior to the period of cover, and which you knew or ought reasonably to have known had the potential to give rise to a claim under this policy;
- claims arising out of circumstances noted on the proposal form for the current period of cover or on any previous proposal form.

However, where you give notice in writing to the insurer of any facts that might give rise to a claim against you as soon as reasonably practicable after you become aware of those facts but before the expiry of the period of cover, the policy will, subject to the terms and conditions, cover you notwithstanding that a claim is only made after the expiry of the period of cover.

You should familiarise yourself with our standard form of policy for this type of cover before submitting this proposal.

3. Average Provision

The policy provides that if a payment in excess of the limit of indemnity available under the policy has to be made to dispose of a claim, the insurer's liability for costs and expenses incurred with its consent shall be such proportion thereof as the amount of indemnity available under this policy bears to the amount paid to dispose of the claim.



IMPORTANT

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate answer.
- The Applicant will be referred to in this Proposal as "You" or "Your".

A. Details of Applicant

(1) a) Name of Applicant (English)

(Hereinafter the applicant will be referred to as "You" or "Your")

b) Correspondence Address (The policy &/or documents will be delivered to this address)

c) Contact

Phone / Mobile		Fax No.		Email	
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d) Date of birth : ____/____/____ (dd / mm / yyyy)

(2) a) Name of Employer _____

b) Working address

(4) Please supply the following details.

Qualifications	Date Qualified (Year)

B. Details of Practice

(5) a) Please provide details of the precise nature of activities or business.



b) Please categorise the activities or business outlined in Question 5a above and indicate the approximate percentage of your fee income derived from same.

	%
	%
	%
	%
	%

c) Do you engage in Ortho-K business' activities? Yes No

C. Financial Details

(6) Please advise your total income generated from optometry for the past 12 months. HKD _____
(Consultancy fees or Yearly salary)

D. Claims Details

(7) Has you ever been subject to disciplinary proceedings for professional misconduct? Yes No

If Yes, please supply details.

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(8) Have any claims for negligence or breach of professional duty been made in the last ten (10) years against you, or have circumstances been notified to insurers that might give rise to a claim? Yes No

If Yes, please provide the following details in respect of each matter.

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?

(9) Are you aware of any claim or circumstances that might give rise to a claim against you which matter is not referred to in Question (8) above? Yes No

If Yes, please provide the following details in respect to each matter.

Name of Claimant or Potential Claimant	Brief Description of the Matter	Estimate of potential Liability



E. Declaration

I, the undersigned, after enquiry declare as follows:

- 1. I have read and understood the Notice to the Proposed Insured on the front of the Proposal.
- 2. I have read the Proposal, the accompanying documents and this Declaration 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 QBEHKSJ of any change in the particulars or statements contained in the Proposal, the accompanying documents or this Declaration.

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

Name of Applicant: _____

Signed : _____ Date : ____ / ____ / ____