

Medical Professional Protection Scheme Application Form
for members of

- ★ Government Doctors' Association (GDA)
 Hong Kong Public Doctors' Association (HKPDA)

I, the undersigned, would like to apply for insurance cover in the Medical Professional Protection Scheme provided by the **Asia Insurance Co., Ltd.** (hereinafter referred to as "insurer") to the members of the above association for a period of insurance from _____ (Day) _____ (Month) of _____ (Year) to 30th June of _____ (Year). In any event, the period of insurance does not exceed one year.

★ The Limit of Indemnity I want to have is:

Option 1) HKD10,000,000 any one claim and in the aggregate

- HKD4,204.20* if the inception date is on or before 30-Sep. HKD3,303.30* if the inception date is on or before 31-Dec.
 HKD2,202.20* if the inception date is on or before 31-Mar. HKD1,101.10* if the inception date is on or before 30-Jun.

Option 2) HKD20,000,000 any one claim and in the aggregate

- HKD6,206.20* if the inception date is on or before 30-Sep. HKD4,804.80* if the inception date is on or before 31-Dec.
 HKD3,203.20* if the inception date is on or before 31-Mar. HKD1,601.60* if the inception date is on or before 30-Jun.

* Premium Levy payable to the Insurance Authority by policyholders has been imposed on relevant policy at the applicable rate and would be collected through insurance companies. All the premiums listed above included Premium Levy.

- ★ I declare that there was no formal complaint, demand for compensation and/or litigation alleging medical malpractice on my part and I am not aware of any circumstance that may give rise to such a complaint, demand for compensation or litigation.
- There was formal complaint, demand for compensation, litigation alleging medical malpractice on my part; and/or there is circumstance that may give rise to such complaint, demand for compensation or litigation in future. The details of these matters are as follows:-

★ Please "√" one of the above boxes as appropriate.

(Day / Month / Year)

Name : _____ **Date of Birth :** _____

HKID Card No. : _____ **Sex :** Male / Female

Telephones : (Mobile) _____ (Office) _____ (Fax) _____

E-mail Address : _____ **Membership Number :** _____

Correspondent Address : _____

Working Location : _____ **Specialty :** _____

I understand that this application, together with other information supplied by me, shall form the basis of any Contract of Insurance effected thereon by **Asia Insurance Co., Ltd.** Signing this application does not bind me or the Insurers to complete this insurance.



I hereby express my consent to release my information on this application to the GDA or HKPDA or both solely with respect to the insurance coverage under the Medical Professional Protection Scheme.

Date : _____ **Signature :** _____

Duty of Disclosure

In addition to providing all basic information necessary to enable us to place the risk, you must ensure that you are complying with your legal duty of disclosure of all material matters relating to the risk. In particular, you must satisfy yourself as to the accuracy and completeness of the information you provide to the Insurers. In this respect, you must provide all information relating to the risk, whether favorable or not, which would influence the judgment of a prudent insurer in determining whether he will take the risk, and, if so, for what premium and on what terms. If all such information is not disclosed by you, Insurers have the right to avoid the contract from its commencement which may lead to claims not being met.

<input type="checkbox"/> Cheque Crossed cheque payable to "Asia Insurance Co., Ltd."	★ Please send application to : 9/F, Devon House, Taikoo Place, 979 King's Road Quarry Bay, Hong Kong Attn : Ms. Garfield Wong
<input type="checkbox"/> Pay-in-Slip Showing the payment to HSBC A/C No.: 002-563468-001	
<input type="checkbox"/> Credit Card Please fill in "Credit Card Payment Authorization"	

Credit Card Payment Authorization													
Credit Card Type	<input checked="" type="checkbox"/>  <input type="checkbox"/> 												
Credit Card No.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> <td style="border: 1px solid black; width: 25px; height: 20px;"></td> </tr> </table>												
	Expiry Date (MM/YY) <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 25px; height: 20px;"></td><td style="border: 1px solid black; width: 25px; height: 20px;"></td></tr></table>												
Full Name in English of Cardholder													
<input type="checkbox"/> I hereby authorize Asia Insurance Company Limited to charge the above credit card for the required premiums of this insurance policy and Levy collected by the Insurance Authority.													
Signature of Cardholder													
(Signature must be matched with the bank record)													
Sign Date _____ DD _____ MM _____ YYYY													

Personal Information Collection Statement ("PICS")

1. From time to time, it is necessary for you to supply Asia Insurance Company Limited (the "Company") with personal information and particulars in connection with our services and products. Failure to provide the necessary information and particulars may result in the Company being unable to provide or continue to provide these services and products to you.
2. The Company may also generate and compile additional personal data using the information and particulars provided by you. All personal data collected, generated and compiled by the Company about you from time to time is collectively referred to in this PICS as "Your Personal Data".
3. "Your Personal Data" will also include personal data relating to your beneficiaries, dependents, authorised representatives and other individuals in relation to which you have provided information. If you provide personal data on behalf of any person you confirm that you are either their parent or guardian or you have obtained that person's consent to provide that personal data for use by the Company for the purposes set out in this PICS.
4. As detailed in this PICS, Your Personal Data may also be processed by the Company's subsidiaries, holding companies, associated or affiliated companies and companies controlled by or under common control with the Company (collectively, "the Group").

Transfer of Personal Data

5. Your Personal Data will be kept confidential, but to facilitate the purposes set out in paragraph 7 below, the Company may transfer, disclose, grant access to or share Your Personal Data with the following:
 - (i) other members of the Group;
 - (ii) any person or company carrying on insurance-related and/or reinsurance-related business which is engaged by the Company in connection with the Company's business;
 - (iii) any physicians, hospitals, clinics, medical practitioners, laboratories, technicians, loss adjusters, risk intelligence providers, claims investigators, legal advisors and/or other professional advisors engaged in connection with the Company's business;
 - (iv) any agent, contractor or service provider providing administrative, distribution, credit reference, debt collection, telecommunications, computer, call centre, data processing, payment processing, printing, redemption or other services in connection with the Company's business; and/or
 - (v) any official, regulator, ministry, law enforcement agent or other person (whether within or outside Hong Kong) to whom the Company or another member of the Group is under an obligation or otherwise required or expected to make disclosures under the requirements of any law, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong).
6. Your Personal Data may be transferred or disclosed to any assignee, transferee, participant or sub-participant of all or any substantial part of the Company's business.

Purpose for Collecting Personal Data

7. The purposes for which Your Personal Data may be used are as follows:
 - (i) providing our services and products to you, including administering, maintaining, managing and operating such services and products;
 - (ii) processing, assessing and determining any applications or requests made by you in connection with our services or products and maintaining your account with the Company;
 - (iii) processing payment instructions;
 - (iv) developing insurance and other financial services and products;
 - (v) developing and maintaining credit and risk related models;
 - (vi) determining any indebtedness owing to or from you, and collecting and recovering any amount owing from you or any person who has provided any security or other undertakings for your liabilities;
 - (vii) exercising any rights that the Company may have in connection with our services and/or products;
 - (viii) carrying out and/or verifying any eligibility, credit, physical, medical, security, underwriting and/or identity checks in connection with our services and products;
 - (ix) any purposes in connection with any claims made by or against or otherwise involving you in respect of any of our services or products, including making, defending, investigating, analysing, processing, assessing, determining, responding to, resolving or settling such claims;
 - (x) performing policy reviews and needs analysis (whether or not on a regular basis);
 - (xi) meeting disclosure obligations and other requirements imposed by or for the purposes of any laws, rules, regulations, codes of practice or guidelines (whether applicable in or outside Hong Kong) binding on the Company or any other member of the Group, including making disclosure to any legal, regulatory, governmental, tax, law enforcement or other authorities (including for compliance with sanctions laws, the prevention or detection of money laundering, terrorist financing or other unlawful activities) or to any self-regulatory or industry bodies such as federations or associations of insurers;
 - (xii) for statistical or actuarial research undertaken by the Company or any member of the Group; and
 - (xiii) fulfilling any other purposes directly related to (i) to (xii) above.
8. To facilitate the purposes set out in paragraph 7, the Company may transfer, disclose, grant access to or share Your Personal Data with the parties set out in paragraph 5 and you acknowledge that those parties may be based outside Hong Kong and that Your Personal Data may be transferred to places where there may not be in place data protection laws which are substantially similar to, or serve the same purposes as, the Personal Data (Privacy) Ordinance.

Data Access and Correction Right

9. Under the Personal Data (Privacy) Ordinance you have the right to request access to Your Personal Data held by the Company and request correction of any of Your Personal Data which is incorrect and the Company has the right to charge you a reasonable fee for processing and complying with your data access request.
10. Requests for access to or correction of Your Personal Data should be made in writing to the Corporate Data Protection Officer of the Company at the address below. For any questions, please do not hesitate to call our Customer Service Hotline on 3606 9933.

Corporate Data Protection Officer
Asia Insurance Company Limited,
8/F, 118 Connaught Road West,
Sheung Wan, Hong Kong

11. In case of any discrepancies between the English and Chinese versions of this PICS, the English version shall apply and prevail.
12. The Company reserves the right, at any time effective upon notice to you, to add to, change, update or modify this PICS.