

# ERRORS AND OMISSION INSURANCE POLICY (RETAIL)

# Gener PROPOSAL FORM Ltd.

# **DOCTORS' AND MEDICAL PRACTITIONERS**





# PROPOSAL FORM

# **ERRORS AND OMISSION INSURANCE POLICY (RETAIL)**

#### **DOCTORS' AND MEDICAL PRACTITIONERS**

This proposal must be signed. All questions must be answered. The completion and signature of this proposal does not bind the proposer or Insurer to complete a contract of Insurance.

If there is insufficient space to answer questions, please use additional sheets and attach it to this form.

The Company does not assume any liabilities until the Proposal has been accepted and premium paid.

- 1) Name of Proposer
- 2) a) Residential address
  - b) Address of Clinic
- a) Professional Qualifications and the year of such qualifications
  - b) In which branch of medicine do you practice viz. Allopathy/Homoeopathy/ Ayurvedic / Any other please specify
- ne do you practice ny/ Ayurvedic /
- 4) a) Medical Registration No.
  - b) Yea of Registration
  - c) How long have you been practicing
- 5) Are you a member of any Medical Association/Council?

If so, please state Name and Address of such Association/Council with Membership No.

- 6) Are you a
  - a) General Practitioner/ General Physician
  - b) Pathologist/Radiologist
  - c) Consulting Physician
  - d) Anaesthesist/Plastic Surgeon



**Note:** If Specialist, please specify your line of specialization.

- 7) a) Specify facilities such as dispensing facility, X-ray radiation therapy, scanning ECG, Sonography, MRI, etc. available /operated by you or under your control.
  - b) Are these facilities being maintained through regular service contracts with the manufacturers/specialised servicing agencies?
  - c) If these facilities are operated by employees please state their i) names ii) technical qualification iii) experience and iv) name of the facility operated (please use separate sheet)
  - d) Please indicate whether you wish to extend the policy to cover, out of the above list, personnel who are not qualified to operate the facility mentioned against their names.



- 8) Specify nos. of employees, their job specifications, their experience and nature of your supervision.
- a) i) Are you attached to/or attending as a visiting physician/surgeon in any Hospital/Nursing Home/Clinic etc., If yes, please give details:
  - ii) Are you in service with any organisation?

If yes, then please give name & address of the same.

- b) Are they covered under a Medical Establishment– Errors & Omissions policy?
- 10) State the average number of patients you are attending per day.
- 11) Have any claims been made upon you or legal proceedings instituted or likely to be instituted against you by patients in respect of your treatment etc. If so, please give details.
- 12) Have you been previously insured for the

## **Magma HDI General Insurance Company Limited**

**Regd. Office**: 24 Park Street, Kolkata – 700 016 P: +91 033 - 4401 7304 / 7477, F: 91 033 - 4401 7471

subject risk? If so, give full particulars.

13)	Has any Company							
	(a)	declined your proposal						
	(b)	required an increased premium						
	(c)	refused to renew your policy						
	(d)	cancelled such a policy						
14)	Limit of	f Indemnity required for						
	Any on	e act	-	Rs.				
	Any on	e year	-	Rs.				
15)	Period	of Insurance	N	From	То	DI		
AML G	uideline	neral Insura	nc	e Com	npan	y Ltd.		
of proce underst cancel t statutes	eeds of d and that the insu	nfirm that all premiums paid / pay- crime and that such premiums are t the Company has the right to ca rance policy in case I / we are fou tly or indirectly governing the pre- cyyyy Signature	e not dis Ill for do und guilt vention (	sproportionate to cuments to esta by by any compe	o my/our incomulation blish source tent court or tring law in l	come. I / we les of funds and to f law under any o	0	
		any of the proposal applicants Pl □ NO	EPs* or	a close relative/	associate o	f PEPs*?		
lf	yes, ple	ase share the details of "Politicall	ly Expo	sed Persons"(PE	EPs):			
includin	g the he	dividuals who have been entruste eads of States or Governments, s executives of state-owned corpor	enior po	oliticians, senior	governmen	t or judicial or mi		
Additio	nal Info	ormation:						
Nationa	ality: Indi	ian Non-India		If, Non-Inc	dian, please	specify Country	:	
Type o	f Organ	isation:						

Magma HDI General Insurance Co. Ltd. | <a href="www.magmahdi.com">www.magmahdi.com</a> | E-mail: <a href="customercare@magma-hdi.co.in">customercare@magma-hdi.co.in</a> | Toll-free no.: 1800 2663202 | Registered Office: Development House, 24 Park Street, Kolkata – 700016. CIN: U66000WB2009PLC136327 | IRDAI Reg. No. 149 | Trade Logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE, and is used by Magma HDI General Insurance Company Limited, under license.

Errors and Omission Insurance Policy (Retail)

UIN - IRDAN149RP0004V01201314

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- (i) Corporations
- (ii) Trust
- (iii) Government
- (iv) Partnership
- (v) Non-Government Organisations
- (vi) Co-operatives
- (vii) Society
- (viii) Private Limited Company
- (ix) Public Limited Company
- (x) others, please specify-----

Source of Fund	ls:
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Business:	Salaried:	Others (please specify)

I/We do hereby declare that the above statements and answers are true and that I/We have not withheld any information whatsoever regarding the proposal. I/We agree that this proposal and declarations shall be the basis of the contract between me/us and Magma HDI General Insurance. Co. Ltd. whose policy for the insurance proposed is acceptable to me/us. I/We undertake to exercise all ordinary and reasonable precautions as if I/we are uninsured.

I/We hereby also declare and undertake that the amount paid by me/us as premium for the aforementioned proposal is out of my/our lawful and declared source of Income.

Date	General	Insurance Company I	_tc	1.
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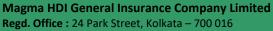
Place : SIGNATURE OF PROPOSER

**Note:** 1) The liability of the Company does not commence until the proposal has been accepted by the Company and premium paid.

2) Premium will be quoted on application

#### **SECTION 41 OF THE INSURANCE ACT 1938**

#### **PROHIBITION OF REBATES**



General Insurance Company Ltd.

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- No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India any rebate of the premium shown on the policy nor shall any person taking out or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the Insurer.
- 2. Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to Rs.500/-.

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