Tradewinds International Insurance Brokers Sdn Bhd (213588-D)

Head Office:	Northern Branch:	Southern Branch:	East Coast Branch:
37th Floor, AIA Cap Square Tower, No 10 Jalan Munshi Abdullah, 50100 Kuala Lumpur P.O Box 12566, 50782 Kuala Lumpur. Tel: +603-2380 4800 Fax: +603-2697 9962/ 9961 / 9960	No. 151, 1st Floor Kompleks Perniagaan Sultan Abdul Hamid Fasa 2 Persiaran Sultan Abdul Hamid, 05050 Alor Setar, Kedah. Tel: +604-771 4351/ 4359 Fax: +604-771 4329	No 53-1 Jalan Aliff 4, Taman Damansara Aliff, 81200 Johor, Bahru Johor. Tel: +607-235 8568/ 235 8569 Fax: +607-235 8570	Lot PT 4036, Tingkat 1, Perkedaian Ladang Tok Pelam, Mukim Bandar, Jalan Sultan Zainal Abidin, 20000 Kuala Terengganu, Terengganu. Tel: +609-628 4209 Fax: +609-622 1888

☐ New Applicant
☐ Renewal Certificate No

AVICENNA MEDICAL PRACTITIONER TAKAFUL PROPOSAL FORM

WARNING: CONSUMER TAKAFUL CONTRACT: Pursuant to Paragraph 5 of Schedule 9 of the Islamic Financial Services Act 2013, if you are applying for this Takaful wholly for purposes unrelated to your trade, business or profession, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form. You must answer the questions in this Proposal Form fully and accurately. Failure to take reasonable care in answering the questions may result in avoidance of your contract of Takaful, refusal or reduction of your claim(s), change of terms or termination of your contract of Takaful. The above duty of disclosure shall continue until the time your contract of Takaful is entered into, varied or renewed with us. In addition to answering the questions in this Proposal Form, you are required to disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied. You also have a duty to tell us immediately if at any time after your contract of Takaful has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

A certificate will be issued within thirty (30) days after your application is accepted by Takaful Malaysia.

Please complete this claim form in full in CAPITAL LETTERS and tick [√] the boxes as appropriate

PART 1 : DETAILS OF PARTICIPANT

1	Name Of Proposer			
2	NRIC/Passport No		3.	Gender ☐ Male ☐ Female
4	Date Of Birth		5.	Contact No :
6	GST Registration		7.	Email:
8	Correspondence Address			
9	MMA Details	☐ YES ☐ NO	10.	MMC Registration No: 11. Registration Date:
12	Medical Category/Status	☐ Non-Medical Practitioners ☐ Medical Practitioners ☐ Specialty Category 1 ☐ Specialty Category 2 ☐ Specialty Category 3		
13	Employment Status	☐ Government ☐ Private	14.	Name of Hospital/Clinic

**Please attach copies of your Annual Practicing Certificate and the Full Registration Certificate with this Proposal Form*

PART 2 : QUALIFICATION & PROFESSIONAL MEMBERSHIP				
Category	Institution & Country	Qualifications/ membership	Date Obtained	
Undergraduate/ Post Graduate				
Registered Specialty				
Others				

PART 3 : INSURANCE / TAKAFUL HISTORY

A: INSURANCE/TAKAFUL HISTORY

1.	Do You currently have medical professional indemnity insurance/takaful	☐ YES ☐ NO
2.	Name of Current Indemnity Provider/ Insurer/Takaful Operator	
3.	Expiry Date of Current Policy/ Certificate	
4.	Retroactive Date of Expiring	

Please attach copies of your existing schedule with this proposal

B: CLAIM HISTORY (WHETHER COVERED OR NOT COVERED)

No	Date Of Notification to insurer (writ/letter of demand/circumstances)	Name of Claimant(s)/Potential Claimant(s) with brief details	Estimated/actual amount for claim including legal costs	Settled (Yes/No) Please attach relevant documents regarding the notification
1.				
2.				
3.				

Please attach relevant documents regarding the claim/Circumstance

1.	You aware of any claim or threat against you now or have you ever been involved, directly or indirectly in a claim, or suit arising from your practice;
2.	Your aware of any circumstance or incident that may give rise to a claim against you in the future;
3	You have ever been subjected to any disciplinary/coronial inquiry, investigation or complaint by a regulatory body or council (e.g MMC)

If Not applicable:

☐ I am not aware of any of the above

PART 4 : MPI SUBSCRIPTION

A: MEDICAL STATUS & REGISTERED SPECIALTY

Please tick the appropriate box and provide your registered specialty (if any)

Non-Medical Practitioners	☐ Medical Assistant ☐ Allied Health Practitioner Nurse	☐ Students ☐ Hospital Staff Lecturer
Medical Practitioners	☐ Government Doctor ☐ General Medical Practitioner ☐ Government Doctor / Dentist with Locum Extension	☐ General Medical Practitioner Obstetrics Care of patient and management of Pregnancy beyond 24 weeks Gestation excluding deliveries

☐ **Specialty Category 1**

☐ Audiological Medicine	☐ Occupational Health	☐ Blood Transfusion	☐ Oncology
☐ Clinical Cytogenetics	☐ Ophthalmology with no Laser Refractive surgery(Except Cataracts)	☐ Clinical Genetics	☐ Clinical Immunology and Allergy
☐ Paediatrics	☐ Community Health	☐ Palliative Medicine	☐ Cosmetic and Aesthetic*
☐ Pathology	☐ Dermatology	☐ Pharmaceutical Physician	☐ Endocrinology
☐ Physiology	☐ General Medicine	☐ Preventive Medicine	☐ Genito-urinary Medicine
☐ Psychiatry	☐ Geriatric Medicine	☐ Rehabilitation Medicine	☐ Haematology
☐ Renal Medicine	☐ Immunology	☐ Respiratory Medicine	☐ Infectious Diseases
☐ Rheumatology	☐ Nephrology	☐ Sport Medicine	☐ Nuclear Medicine
☐ Thoracic Medicine	☐ Dentist	☐ Orthodontist	☐ Periodontist
☐ Dental Implant Surgery/Treatments			

Non-invasive elective topical enhancement of patient's external appearance, including injection.

☐ **Specialty Category 2**

☐ Accidental and Emergency	☐ Oral and Maxillo-Facial Surgery	☐ General Surgery excluding Bariatric Surgery	☐ Otorhinolaryngology (Ear, Nose, Throat)
☐ Cardiology	☐ Neurology	☐ Cardiothoracic Surgery	☐ Ophthalmic Surgery
☐ Colorectal Surgery	☐ Paediatric Surgery	☐ Cosmetic and Aesthetic*	☐ Radiology
☐ Endocrine Surgery	☐ Radiotherapy	☐ Gastroenterology	☐ Thoracic Surgery
☐ Anaesthetics	☐ Urology	☐ Intensive Care	☐ Vascular Surgery
☐ Neonatology			

Other than cosmetic and aesthetic specialty category 1 excluding surgery.

☐ **Specialty Category 3**			
☐ Bariatric Surgery	☐ Orthopaedic and Trauma Surgery	☐ Cosmetic and Aesthetic Surgery*	☐ Plastic and Reconstructive Surgery
☐ Gynaecology	☐ Elective Alteration of Patient's External Appearance	☐ Neurosurgery	☐ Ophthalmic Surgery
☐ Spinal Surgery: Treatment and Management of Spinal Trauma, Degenerative, Diseases/Conditions, Deformities, Infections and Tumours, including but not limited to, Stabilization with Instrumented Fusion for Degenerative and Neoplastic Conditions			
☐ Obstetrics and Gynaecology			

Other than cosmetic and aesthetic specialty category 1 and 2 including surgery.

B: SUBSCRIPTION LIMIT (PER ANNUM)

☐ RM 250,000.00	☐ RM 500,000.00	☐ RM 1,000,000.00	☐ RM 1,500,000.00
☐ RM 2,000,000.00	☐ RM 3,000,000.00	☐ RM 5,000,000.00	☐ RM 10,000,000.00

C: CONTRIBUTION PAYABLE (Please refer to the Rating Table)

RM :

D: COMMENCEMENT OF TAKAFUL

From: **To:**

PART 5: THE AQAD

I/We, to the best of My/Our knowledge hereby declare and confirm that the statements in this Proposal Form are true and correct and I/We have not concealed, misrepresented or misstated any material fact.
SECTION A

i) Contribution & Charges
I/We hereby appoint the Company under the Wakalah contract to manage and invest My/Our Contribution in the manner deemed t by the Company in accordance with the Shariah. I/We hereby acknowledge and allow the Company to deal with My/Our Contribution in the following manner:

•To deduct a certain percentage of the Contribution as Wakalah Fee to the Company as stated in the Schedule of Wakalah Fee;
•To credit the balance of Contribution as Tabarru' (as disclosed in the Certificate) to the General Takaful Fund ("GTF") which will be used to help other participants in times of misfortune.

(ii) Surplus & Deficit
I/We hereby consent and acknowledge that any surplus arising from the GTF, if any, will be determined and distributed at the Company's sole and absolute discretion where the annual amount of surplus distribution between Me/Us and the Company is in accordance with the rates as stated in the Schedule of Surplus Distribution.

If the GTF is in deficit, and after having exhausted all available avenues, a loan from the Company on Qardh will be taken. The loan will be granted without interest. The Qardh will be repaid when the GTF returns to surplus position and before any surplus is distributed

SECTION B :

SCHEDULE OF WAKALAH FEE
45% of Contribution

SECTION C : SST CLAUSE

I/We understand that this Proposal, where applicable, shall be subject to the goods and services tax (hereinafter referred to as "SST" payable under the Sales and Services Tax (hereinafter referred to as "SST Act"). I/We agree to be responsible for the payment of an amount as arrived at the prescribed SST rate in addition to the applicable Contribution and any other charges on or after the effective date of the SST Act. Further, I/We agree that all terms and conditions in relation to the payment of Contribution under this Proposal shall apply equally to SST.

This aqad will form part of the Takaful contract.

Date :

Signature of Proposer :

PART 6 : PAYMENT OPTION

☐ Master Card ☐ Visa ☐ Cheque

I hereby authorize Tradewinds International Insurance Brokers Sdn Bhd to charge my credit card below for the contribution amount on the payment option for credit card (master/visa)

Card No _____ Expiring Date _____ CVV No _____

Card Holder Name _____ Card Issuing Bank _____

Signature : _____

Online Banking :

Account No. : 2-14361-3501284-8
Bank Name : RHB Bank
Account Holder : Tradewinds International Insurance Brokers Sdn Bhd

*Cheque made payable to: **Tradewinds International Insurance Brokers Sdn Bhd**

PART 7 : DECLARATION	
A	**AUTHORITY TO TAKAFUL OPERATOR AND OTHER PARTIES** Authorisation: I / We hereby authorise Takaful Operators and /or Adjusters and /or Lawyers to disclose from time-to-time such information arising from any claim under the Takaful cover for the sole purpose of the management of Scheme and its Risk Management objectives.
B	**GOODS AND SERVICES TAX ACT 762 (2014)** The Participant and/or Covered Person agrees to pay and to hold harmless the Takaful operator for any taxes or other government charges (however denominated) imposed by the government with respect to the execution or delivery of this Certificate and/or Agreement.
C	**PERSONAL DATA PROTECTION ACT 709 (2010)** Takaful Operator is committed and has put in place a Privacy Policy to safeguard the security and confidentiality of your personal information with us. In using our services and website, you acknowledge and agree to be bound by the terms of our Privacy Policy.
D	**DECLARATION** 1. My medical license or my privileges at any hospital or institution have never been revoked, suspended, restricted, or placed on probation. 2. I have never been investigated by any licensing board, narcotics board, or other governmental or regulatory agency nor any fee or professional relations complaints have ever been filed against me with medical associations, hospitals or licensing authorities; 3. I have not been indicted for, charged with, or convicted of, any act committed in violation of any law or ordinance other than traffic offenses; 4. No allegation or claim has ever been made against me regarding sexual harassment, sexual intimacy, exploitation or sexual assault in the conduct of my practice or otherwise; 5. I have never intentionally altered or falsified patient records or knowingly made any change, correction, or addition without properly noting it as such; 6. I have never been diagnosed or treated for alcoholism, drug addiction, any chemical dependency, or a mental or chronic physical illness; 7. With respect to my professional indemnity coverage, no insurance company or mutual has ever cancelled, refused to renew or restricted my coverage ☐ I am unable to make the above declaration for my professional history due to the reason(s) below: I/We, to the best of My/Our knowledge hereby declare and confirm that the statements in this Proposal Form are true and correct and I/We have not concealed, misrepresented or misstated any material fact. I hereby declare and warrant that after enquiry, all the statements and particulars contained in this Form are true, and no information whatsoever has been withheld which might increase the risk of the Insurers or influence the acceptance of this proposal. Should the above particulars alter in any way, I will inform the Insurers as soon as it is practicable. I understand that failure to disclose any material fact which would be likely to influence the acceptance and assessment of the proposal may result in the Insurers refusing to provide indemnity or will invalidate the certificate in every respect.

Date
(DD/MM/YYYY) | | | | | | | | | | |

Signature: _____

Name : _____

Proposer Official Stamp	Contact Person (For office use only)