



### IMPORTANT NOTICE 重要事項：

1. You are to disclose in this Proposal Form, fully and faithfully, all the facts that you know or ought to know, otherwise the policy issued hereunder may be void. 您須於投保書內全面而誠實地披露所知或應知的全部事實，否則據此投保書發出的保單可被作廢。
2. This insurance is subject to the Premium being paid by you and received in full by Allied World within the period specified in the Premium Payment Warranty applied to the Policy, failing which, there will be no liability under this cover. 您須於指定的付款期內支付保費予Allied World世聯全數收取，否則保單提供的保障將告無效。
3. The liability of Allied World does not commence until this application is accepted. 投保經接納後，Allied World世聯的承保責任方告生效。

This insurance is for individual basis. 此產品只適用於個人投保。

### Details of Proposer 投保人資料 (Please fill in English 請以英文填寫)

|  |  |
|--|--|
| Name of Chinese Medicine Practitioner to be insured ("Proposer")<br>受保中醫姓名(下稱投保人)                      |  |
| HKID Card No.<br>香港身份證號碼   |  |
| Name & Address of Clinic<br>診所名稱及地址  |  |
| Chinese Medicine Practitioner Registered Number<br>註冊中醫編號  |  |
| Name of Employee 僱員姓名<br>(Applicable to vicarious liability cover. Max. 3 persons.<br>同時投保轉承責任適用，最多三人) |  |
|  |  |
|  |  |

If the Proposer currently carries Professional Indemnity/Medical Malpractice Insurance, please provide details. 如投保人現正受保於其他專業責任保險，請提供以下詳情。

|                          |  |
|--------------------------|--|
| Insurance Company 保險公司名稱 |  |
| Expiry Date 保險到期日        |  |
| Retroactive Date 追溯有效期*  |  |

(\*Please provide the copy of the expiring Policy Schedule as a proof of the Retroactive Date. 請提供現有保單明細表影印本以證明上述的追溯有效期。)

**General Questions 一般問題**

Premium rates indicated on this proposal form are valid only if all answers to General Questions are 'Yes', otherwise subject to separate underwriting and quotation. 這部份的答案須全部屬「是」，下述保費表才能適用，否則須另行批核及報價。

|     |  |                                |                                |
|-----|--|--------------------------------|--------------------------------|
| 1.  | Is the Proposer a registered Chinese Medicine Practitioner under Cap 549?<br>投保人是否根據香港法例第549章註冊成為「註冊中醫」?   | Yes 是 <input type="checkbox"/> | No 不是 <input type="checkbox"/> |
| 2.  | Does the Proposer hold a valid Practicing Certificate under Cap 549?<br>投保人是否持有符合香港法例第549章要求的有效執業證明書?  | Yes 是 <input type="checkbox"/> | No 不是 <input type="checkbox"/> |
| 3.  | Has the Proposer been registered as a registered Chinese Medicine Practitioner under Cap 549 for 2 years or more?<br>投保人是否根據香港法例第549章註冊成為「註冊中醫」達兩年或以上?   | Yes 是 <input type="checkbox"/> | No 不是 <input type="checkbox"/> |
| 4.  | Is the Proposer's fee income wholly derived from the provision of Chinese medical service in Hong Kong?<br>投保人的診金收入是否全部來自香港行醫所得?   | Yes 是 <input type="checkbox"/> | No 不是 <input type="checkbox"/> |
| 5.  | Is the Proposer's annual fee income less than HK\$2,500,000?<br>投保人全年診金收入是否低於250萬港元?   | Yes 是 <input type="checkbox"/> | No 不是 <input type="checkbox"/> |
| 6.  | Is it true that the Proposer has no clinic, office or representation outside of Hong Kong?<br>投保人在香港以外地方沒有設立診所、辦公室或代辦處?  | Yes 是 <input type="checkbox"/> | No 不是 <input type="checkbox"/> |
| 7.  | Does the Proposer use only sterilized apparatus and/or disposable needles in compliance with the Chinese Medicine Ordinance under Cap 549 and the Department of Health guidelines?<br>投保人是否遵照中醫藥條例(香港法例第549章)及衛生署指引，僅使用已消毒的器具及/或即棄針具?  | Yes 是 <input type="checkbox"/> | No 不是 <input type="checkbox"/> |
| 8.  | Is it true that no insurer in respect of the risks to which this proposal relates, has ever declined a proposal, refused renewal or terminated insurance?<br>投保人從未由於與此投保書有關的風險事項被其他保險公司拒絕投保、拒絕續保或終止保險?   | Yes 是 <input type="checkbox"/> | No 不是 <input type="checkbox"/> |
| 9.  | Is it true that the Proposer is not aware of any claims having been made against the Proposer or any partner, principal, director, consultant or employee of the clinic, or any predecessors in business for neglect, error or omission in relation to professional duties for the past six years?<br>據投保人所知，在過去六年內沒有任何針對投保人本人，或診所任何合夥人、主要負責人、董事、顧問、職員或任何前任人，因為專業職責的疏忽、錯誤或不作為而被提出索償? | Yes 是 <input type="checkbox"/> | No 不是 <input type="checkbox"/> |
| 10. | Is it true that the Proposer, after enquiry, is not aware of any circumstance which might give rise to a claim against the Proposer or any partner, principal, director, consultant or employee of the clinic or any predecessors in business?<br>投保人向別人查詢後，不知悉有任何情況是針對投保人本人，或診所任何合夥人、主要負責人、董事、顧問、職員或任何前任人，會因為專業職責的疏忽、錯誤或不作為而被提出索償?  | Yes 是 <input type="checkbox"/> | No 不是 <input type="checkbox"/> |

**Premium Table 保費表**

Please tick the appropriate box for: 請在合適的空格內剔選:

- 1) scope of Medical Service Engaged and  
2) Limit of Indemnity

- 1) 投保人提供的中醫服務範圍及  
2) 所需保障額

| Scope of Medical Services Engaged<br>提供的中醫服務範圍   | Consultation Type 中醫服務性質   |   |  |
|--|--|---|--|
|  | <input type="checkbox"/> <b>General Consultation Excluding dispensation of herbal medicine</b><br><br>中醫全科 (不包括配藥) | <input type="checkbox"/> <b>General Consultation Including dispensation of herbal medicine</b><br><br>中醫全科 (包括配藥) | <input type="checkbox"/> <b>General Consultation Including dispensation of herbal medicine, *Bone-setting and/or **Acupuncture</b><br>中醫全科 (包括配藥)、<br>* 跌打及 / 或<br>** 針灸 |
| Options for Limit of Indemnity 保障額選擇   |  |   |  |
| <input type="checkbox"/> <b>Option 1 選擇1:</b><br>Limit of Indemnity (AOC/AGG)<br>保障額(每宗索償/索償總額)<br>HK\$3,000,000 | 1a) Annual Premium<br>全年保費<br>HK\$1,500  | 1b) Annual Premium<br>全年保費<br>HK\$2,000   | 1c) Annual Premium<br>全年保費<br>HK\$2,600  |
| <input type="checkbox"/> <b>Option 2 選擇2:</b><br>Limit of Indemnity (AOC/AGG)<br>保障額(每宗索償/索償總額)<br>HK\$5,000,000 | 2a) Annual Premium<br>全年保費<br>HK\$1,650  | 2b) Annual Premium<br>全年保費<br>HK\$2,300   | 2c) Annual Premium<br>全年保費<br>HK\$3,100  |

\*Bone-setting includes Tui-na & Massage Therapy 跌打包括推拿及按摩治療

\*\*Acupuncture includes Cupping Glass 針灸包括拔罐

Excess applies to all the above options 上述保障項目均設自負額如下:

- General Consultation: each & every claim 中醫全科: 每單一索償自負額 HK\$5,000
- Bone-setting/Acupuncture: each & every claim 跌打/針灸: 每單一索償自負額 HK\$10,000

|   |  |
|---|--|
| Intended Policy Commencement Date<br>預期保障生效日期 |  |
|---|--|

DD 日 / MM 月 / YYYY 年

**Declaration 聲明**

I/We declare, to the best of my/our knowledge and belief, that  
本人/我們謹此聲明，根據本人/我們所知及所信：

- a. All the answers given in the Proposal Form are true. 於本投保書填報的資料均實屬真確。  
b. All the material factors affecting the assessment of the risks have been declared. 所有影響評估承保風險的重要事項已作申報。

I/We declare and understand that the cover provided herein is subject to the condition precedent that 本人/我們謹此聲明並明白所投保的保障須符合以下條件方能生效：

- a. I/We never had any insurance policy terminated in the last twelve (12) months due solely or in part to a breach of any Premium Payment condition, or  
本人/我們於過去12個月內，沒有因為與繳付保費有關的單一或其他原因而導致保單終止，或
- b. I/We have never breached any premium payment condition in respect of a previous policy taken up with another insurer in the last twelve (12) months  
本人/我們於過去12個月內，沒有違反其他保險公司保單繳費條件：
- i. all outstanding premium for time on risk calculated by the previous insurer based on the customary short period rate in respect of the previous policy have been fully paid, and 已向前保險公司全數付清因提早終止前保險合約而應付的保費，以及
- ii a copy of the written confirmation from the previous insurer to this effect is hereby provided. 於此附上由前保險公司的書面證明作實。

I/We declare and agree that this Proposal and Declaration shall be the basis of the contract between me/us and Allied World, subject to all the terms and conditions of this Policy. No insurance policy shall be deemed to be in force until the Proposal has been accepted by Allied World, and the premium fully paid.

本人/我們聲明及同意本投保書及聲明將成為本人/我們與世聯的保險合約基礎，並受本保單的條款限制。投保書須經世聯接納，並於保費全數交訖後，保單方告生效。

If this Proposal has not been completed by me/us personally, I/We declare that I/We have read the completed form and accept full responsibility for the answers.

若投保書並非由本人/我們親自填寫，本人/我們聲明本人/我們已閱讀填妥的投保書，並為提供的資料負上全責。

- I/We do not want to receive any promotion materials or updates on other products, services or offers of Allied World.  
本人不願接收任何貴公司的其他產品、服務或優惠之市場推廣資料和最新消息。

Signature 簽署

Date 日期

The Proposer 投保人

DD 日 / MM 月 / YYYY 年

IA Levy collected by the Insurance Authority has been imposed on this policy at the applicable rate.

For further information, please visit <https://donline.alliedworldgroup.com.hk/file/IALevy.pdf> or contact: (852) 2968 3000.

由保險業監管局收集的保費徵費已按照適用徵費率計算在這張保單內。欲了解更多詳情，請登入 <https://donline.alliedworldgroup.com.hk/file/IALevy.pdf> 或致電我們：(852) 2968 3000。

Allied World Assurance Company, Ltd  
(incorporated in Bermuda with limited liability)

# Personal Information Collection Statement

## Purpose of Collection

Allied World Assurance Company, Ltd (“Allied World”) may collect and use your personal data to enable it to carry on its insurance business and to serve the purposes of:

- Processing your insurance application;
- Arranging a contract of insurance with you and administering the policy issued;
- Claims handling, investigation and analysis;
- Designing products and/or services for customers;
- Promoting, improving and furthering the provision of products and/or services by Allied World and its group companies; and
- Complying with any legal or regulatory requirements applicable to Allied World.

In general it is voluntary for you to provide Allied World with your personal data. However, if you do not provide sufficient information, Allied World may not be able to provide insurance services to you.

## Transferee

Data held by Allied World relating to you will be kept confidential but Allied World may, for the purposes set out above, transfer your personal data to:

- Allied World’s group companies;
- Reinsurers;
- intermediaries including insurance brokers and insurance agents;
- claims investigators, loss adjusters and other professional advisors;
- Allied World’s other appointed service providers, including for the following services: telecommunications, information technology, administration, data processing, payment processing, emergency assistance, legal, and medical;
- any insurance industry association or federation and their respective members; and
- any other person necessary to comply with applicable legal or regulatory requirements, or orders of competent authorities,

in each case both within and outside of the Hong Kong Special Administrative Region.

## Marketing and Promotion

Treating you as a valued customer, Allied World and its group companies may use the personal data, including name and contact details, collected from you for the purposes of direct marketing of Allied World and its group companies’ general insurance products, services or offers and for sending you the promotional materials or updates of such products, services or offers when they become available.

Allied World may not use your personal data for direct marketing if you have indicated objection to such use by ticking the box next to the statement above the proposer’s signature block in the proposal form. You may also, at any time, request Allied World to cease the use of your personal data for direct marketing purposes, by informing Allied World’s Compliance Officer at the contacts set out below.

## Access Requests and Corrections

You have the right to obtain access to and to request correction of any personal information concerning yourself held by Allied World. Requests can be made to the Compliance Officer of Allied World Assurance Company, Ltd, by mail to 22/F One Island East, Taikoo Place, 18 Westlands Road, Quarry Bay, Hong Kong or fax to +852 2968 5111, or email to [hkcompliance@awac.com](mailto:hkcompliance@awac.com).

# 個人資料收集聲明

## 資料收集目的

Allied World Assurance Company, Ltd 世聯保險有限公司(「本公司」)可能收集並使用閣下的個人資料，作為營運其保險業務及下列目的之用：

- 處理閣下的保險申請；
- 安排保險合約及管理已發出的保單；
- 索償處理、調查及分析；
- 為客戶設計產品或服務；
- 推廣、改善及進一步提供本公司及其集團公司的產品、服務；及
- 遵守適用於本公司的法律或規則要求。

一般而言，閣下向本公司提供個人資料屬自願性質。如閣下未能給予足夠的資料，本公司可能無法提供所需保險服務。

## 資料轉移

本公司持有的客戶資料將予保密，但本公司可能會把閣下的個人資料提供給下列各方作上述用途：

- 本公司的集團公司；
- 再保險公司；
- 中介人包括保險代理人及保險經紀；
- 索償調查者、公證行及其他專業顧問；
- 本公司其他指定服務提供者，提供包括以下服務：電訊、資訊科技、行政、數據處理、付款處理、緊急援助、法律及醫療；
- 任何保險業組織或聯會及其成員；及
- 任何必要人士以符合任何相關的法律或規則要求，或監管機構之命令，

以上各項適用於香港特別行政區境內及境外。

## 市場推廣

貴為本公司的重要客戶，本公司及其集團公司可能會透過閣下所提供的個人資料如姓名及聯絡方法，向閣下推廣本公司及其集團公司的一般保險產品、服務或優惠，及為閣下提供該等產品、服務或優惠的市場推廣資料和最新消息。

如閣下已於投保書勾選位於投保人簽署上方的空格表示不願接收任何市場推廣資料和最新消息，本公司將不會使用閣下的個人資料作直接推廣用途。閣下亦可隨時要求本公司停止使用閣下的個人資料作直接推廣用途。屆時請按照下述聯絡方式通知本公司的條例事務主任。

## 資料查閱要求及更改

閣下有權要求查閱及更改本公司所持有的任何有關您之個人資料。有關申請可循下列途徑向本公司之條例事務主任提出：郵寄至香港鰂魚涌太古坊華蘭路18號港島東中心22樓，或傳真至+852 2968 5111，或電郵至[hkcompliance@awac.com](mailto:hkcompliance@awac.com)。