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TELEMEDICINE SERVICES EXTENSION APPLICAITON FORM OF MALPRACTICE LIABILITY INSURANCE
FOR CHINESE MEDICINE PRACTITIONER

中醫師醫療責任保險 - 中醫遙距應診附加保障申請表

Policy Number 保單號碼:			
Insured Name 受保人姓名:			
Optional Extension Coverage 自選附加保障			
1. Telemedicine Service Extension 中醫遙距應診附加保障		<input type="checkbox"/> (please tick this box if you would like to add this extension) 如果你想附加中醫遙距應診保障, 請勾選	
This extension is applicable to General consultation only 此附加保障只保障受保人提供中醫全科(方脈)之醫療服務			
Claim History Related to Medical Services 有關醫療責任的索償記錄			
Note 注意:	Proposer provides answer "YES" to any question in the claim history column should provide full details in separate sheet. Insurer reserves the right to decide whether the insurance to be offered or not. 對索償記錄一欄內任何問題選擇【是】之答案的投保人必須把有關資料交予保險公司。保險公司保留決定權是否接受此份申請。		
	Yes 是	No 否	
1.	Have you ever been subject to disciplinary proceeding for medical malpractice or professional misconduct? 閣下曾否因醫療失誤或專業失德被紀律聆訊?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Have any claims ever been made against you? 閣下曾否被索償?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are you aware of any circumstance which could reasonably be expected to give rise to a claim? 閣下是否知道任何已發生並可能引致索償之醫療事故	<input type="checkbox"/>	<input type="checkbox"/>
4.	Has any insurance company ever at any time declined your proposal, cancelled your policy, refused to renew a policy, required an increased rate or imposed special conditions? 閣下曾否被其他保險公司拒絕受保, 取消保單, 拒絕續保, 要求增加保費或註明特別條款?	<input type="checkbox"/>	<input type="checkbox"/>
If the intermediary who serves you is an Insurance Broker, please read this: The applicant understands, acknowledge, and agrees that, as a result of the applicant purchasing and taking up the policy to be issued by QBE Hongkong & Shanghai Insurance Limited. QBE Hongkong & Shanghai Insurance Limited will pay the authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy. Where the applicant is a body corporation, the authorized person who signs on behalf of the applicant further confirms to QBE Hongkong & Shanghai Insurance Limited that he or she is authorized to do so. The applicant further understands that the above agreement is necessary for QBE Hongkong & Shanghai Insurance Limited to proceed with the application. 如為閣下服務的中介人為保險經紀, 請閱讀下文: 申請人明白, 確知及同意, 昆士蘭聯保保險有限公司會就申請人購買及接受其簽發的保單, 於保單有效期內(包括續保期)向負責安排有關保單的獲授權保險經紀支付佣金。假如申請人為法人團體, 代表申請人簽署的獲授權人員須向昆士蘭聯保保險有限公司確認他/她已獲法人團體授權。 申請人亦明白昆士蘭聯保保險有限公司必須取得申請人以上的同意, 才可以處理其保險申請。			
Proposer's Signature 申請人簽署		Date 日期	
本申請表及章程中文內容力求符合英文原意, 惟有關條文解釋及引用, 則以英文為準。			