



Please read the following note before you complete the proposal.

1. YOUR DUTY OF DISCLOSURE

Before you enter into any contract of general insurance with an insurer, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty does not require disclosure of a matter :

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of his business, ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

2. CLAIMS MADE POLICY

THE TERMS AND CONDITIONS of a Claims Made Policy provide that, if a claim is made against you or any notice of an intention to make a claim against you is received or circumstances come to your attention which are likely to cause a claim to be made against you or which you should reasonable expect to cause a claim to be made against you during the term of the Policy then you must immediately notify Underwriters thereof. This notification must be given during the term of the Policy for the Policy to apply.

The time of happening of the acts or circumstances which give rise to a claim or possible claim is not of relevance provided they occur after the retroactive date stated on the Certificate of Insurance and the relevant sum insured is adequate. Your obligation under the Policy is to communicate to Underwriters during the term of the Policy a claim, notice of a possible claim or circumstance or act which comes to your attention and which may give rise to a claim or which you should reasonably expect may give rise to a claim as soon as is reasonably possible after such is made, received or has come to your attention.

Upon expiry of the Policy no further claims can be made thereunder and the need to maintain insurance or to arrange run off coverage is essential.

3. UTMOST GOOD FAITH

This Insurance is a contract based on the utmost good faith requiring the Insurer(s) and the Proposer/Insured(s) to act towards each other with the utmost good faith in respect of any matter arising in relation to this insurance.



Professional Indemnity Proposal Form –Veterinarians (Claims Made Basis)

It is essential that all questions be answered fully. If the answer to any question is None, state “None”.

1	Full name of applicant Date of birth
2	Address : Email : Mobile No. :
3	a) Where did you graduate? a) Degree of designation obtained b) Date of graduation
4	State the surgical procedures you conduct:
5	a) Are you in the employ of any individual or firm ? YES/NO If “YES” explain b) Have you any employees? YES/NO If “YES” explain



<p>6</p>	<p>Details of total gross fees</p> <p>i) Received or rendered during the last 12 months _____</p> <p>ii) Received or rendered 12 months prior _____</p> <p>iii) Estimate for ensuing 12 months _____</p>
<p>7</p>	<p>a) Is the Firm insured against Professional Negligence ? YES/NO</p> <p>b) If the answer to (a) is NO, has this practice ever been insured ?YES/NO</p> <p>c) If the answer to (a) is YES, please supply following date:-</p> <p>Amount of Cover _____</p> <p>Amount of Excess _____</p> <p>Last Annual Premium _____</p> <p>When lapsed or if current, the expiry date _____</p> <p>Name of Insurer of Broker _____</p>
<p>8</p>	<p>Is all your fee income derived from service for domestic animals?</p> <p>If not, please specify.</p>
<p>9</p>	<p>Of what professional organisations are you a member ?</p>



<p>10</p>	<p>a) Has any application for insurance in respect of the business to be covered on behalf of its predecessors ever been declined, cancelled or renewal refused ?</p> <p>b) Have any special terms ever been imposed ?</p>
<p>11</p>	<p>a) Have any claims ever been made against the Firm/Company or any of the present Partners/ Directors or against it's predecessors in business or any past Partners/Directors ?</p> <p>If so, please provide details of each claim.</p> <p>b) Are any of the Partners/Directors, having made specific enquiry of management and staff, aware of any circumstances which may give rise to claims against the Firm/Company or their predecessors in business or any of the present or former Partners/Directors, whether you consider yourselves liable or not ?</p> <p>If so, please give full details.</p> <p>Note : Coverage will be excluded for items mentioned in response to (a) and (b).</p>
<p>12</p>	<p>a) Amount of Indemnity required _____</p> <p>b) What excess are you prepared to carry in respect of each and every claim _____</p>



13	<p>Indicate the extensions required :</p> <p>a) Libel & Slander YES/NO</p> <p>b) Amendment to the dishonesty exclusion (fraud and dishonesty of staff) YES/NO</p> <p>c) Loss of Documents YES/NO</p> <p>d) Automatic Reinstatement YES/NO</p> <p>e) Fidelity YES/NO</p>
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DECLARATION

I/We have specifically enquired of management and staff, declare that the statements and particulars in this proposal are true and that I/we have not mis-stated or suppressed any material facts. I/We agree that this proposal, together with any other information supplied by me/us, shall form the basis of any Contract of Insurance effected thereon. I/We undertake to inform the Insurer of any material alteration to these facts occurring before completion of the Contract of Insurance which is deemed to be 0.01 a.m. on the date of inception. Signing this Proposal Form does not bind the Proposer or the Insurer to complete this insurance.

I/We acknowledge that Underwriters will be relying on this Declaration, the answers given to the questions in the proposal and all information provided by me in deciding whether to issue a contract of insurance, and, if so, the terms of such insurance and the premium charged.

I/We understand, acknowledge and agree that, as a result of the Firm purchasing and taking up the policy to be issued by an insurer, the insurer will pay the authorized insurance broker, if applicable, commission during the continuance of the policy including renewals, for arranging the said policy. The Firm further understands that the above agreement is necessary for the insurer to proceed with the application.

Dated this _____ day of _____ 20 _____

FOR AND ON BEHALF OF _____

Signature of Partner or Principal _____

PLEASE ATTACH A BROCHURE



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.