ntuc
income

APPLICATION FORM FOR NURSES
PROFESSIONAL INDEMNITY INSURANCE

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP 142 (OR ANY SUBSEQUENT AMENDMENTS THEREOF)
You are to disclose in this proposal form, fully and faithfully all the facts which you know or ought to know in respect of the risk that is being proposed, otherwise the policy issued hereunder may be void.

1. Name of Policyholder Mr / Mrs/ Mdm/ Ms ______________________________

2. NRIC / Passport Number ______________

3. SNA Membership Number ______________ Expiry Date: ______________

4. Contact Details
   (a) Mailing Address ______________________________

   ____

   (b) Telephone Number ______________ (O) ______________ (HP)

   (c) Email Address ______________________________

5. Nationality ______________

6. Sex Male/ Female

7. Marital Status Married/ Single/ Widowed

8. Qualification 'O' Level/ 'A' Level / Diploma/ Degree / Post-graduate

   Others (Please specify): ______________

9. Number of Years of Experience in Nursing: ______________

10. Range of Annual Income
    - Below S$25,000 ☐
    - Between S$25,000 to S$50,000 ☐
    - Above S$50,000 ☐

11. Name of Employer ______________________________

12. Address of Employer ______________________________

13. Place of Work
    - Public Hospital ☐
    - Private Hospital ☐
    - Polyclinic ☐
    - Private Clinic ☐
    - Dental Clinic ☐
    - Public Nursing Home ☐
    - Private Nursing Home ☐
    - Others (Please specify) ______________ ☐

14. Nature of Work

- Clinical ☐
- Education / Teaching ☐
- Administration ☐
- Others (Please specify) ________________ ☐

Does your work include surgery procedure and/ or work ☐ Yes No ☐

Does your work involve any prescribing of drugs? ☐ Yes No ☐

15. Which Plan would you like to take up? (Please tick at the box indicated)

Plan A ☐

(a) Limit of indemnity : S$50,000/- any one claim and in the annual aggregate, inclusive of all legal costs, fees and expenses and S$2,000,000/- in the annual aggregate inclusive of all legal costs fees and expenses among all Insureds registered members with the Singapore Nurses Association

(b) Premium S$100.00 + GST

(c) Deductibles S$1,500.00

Plan B ☐

Limit of indemnity S$200,000/- any one claim and in the annual aggregate, inclusive of all legal costs, fees and expenses and S$2,000,000/- in the annual aggregate inclusive of all legal costs fees and expenses among all Insureds registered as members with the Singapore Nurses Association

(b) Premium S$150.00 + GST

(c) Deductibles S$1,500.00

All limits and deductibles are inclusive of legal costs, fees and expenses

16. Has any claims for professional negligence, error or omission been made against you?
If Yes, please provide details ________________ ☐ Yes No ☐

17. Are you aware or reasonably ought to be aware of any CIRCUMSTANCES which may give rise to a claim against you? ☐ Yes No ☐
If Yes, please provide details ____

18. I hereby declare that the above statement and particulars are true and I have not suppressed or mis-stated any material facts. I agree that this declaration shall be the basis of the contract between me and NTUC Income Insurance Co-operative Limited

Signature of the Applicant______________ Signature of the SNA ______________

Date ______________ Date ______________

Please note that this application is strictly for SNA Members only.
Please make the cheque payable to "NTUC Income Insurance Co-operative Ltd".
Send this form together with your cheque payment to:
Singapore Nurses Association
SNA House
77 Maude Road
Singapore 208353