



NTUC Income Insurance Cooperative Limited

Main Office: 75 Bras Basah Road, NTUC Income Centre, Singapore 189557
Tel: 6336 3322 · Fax 6338 1500 · Email: email@income.com.sg · Website: income.com.sg

**APPLICATION FORM FOR
NURSES PROFESSIONAL INDEMNITY INSURANCE**

STATEMENT PURSUANT TO SECTION 25(5) OF INSURANCE ACT, CAP 142 (OR ANY SUBSEQUENT AMNEDMENTS 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 _____
4. Contact Details
 - (a) Mailing Address: _____

 - (b) Telephone Number: _____
 - (c) Email Address: _____
 - (d) Handphone Number: _____
5. Nationality: _____
6. Sex: _____
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\$25,000.00	<input type="checkbox"/>
Between S\$25,000 to S\$50,000.00	<input type="checkbox"/>
Above S\$50,000.00	<input type="checkbox"/>
11. Name of Employer : _____
12. Address of Employer : _____



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13. Place of Work :
- Public Hospital
 - Private Hospital
 - Polyclinic
 - Private Clinic
 - Dental
 - 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\$50,000.00 any one occurrence (any one nurse) and S\$2,000,000.00 any one policy period irrespective of the number of claims made under this policy during the policy period

(b) Premium: S\$100.00+GST

(c) Deductibles: S\$1,500.00

Plan B

(a) Limit of Indemnity: S\$200,000.00 any one occurrence (any one nurse) and S\$2,000,000.00 any one policy period irrespective of the number of claims made under this policy during the policy period

(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 _____

17. Are you aware or reasonably ought to be aware of any CIRCUMSTANCES which may give rise to a claim against you? Yes No

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