



# OGSure

## Obstetricians and Gynaecologists Medical Malpractice Programme

DEVELOPED IN CONSULTATION WITH O&G'S

**Marsh Insurance Brokers Sdn Bhd**

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*OGSure is underwritten by Lonpac Insurance Bhd*



## WHAT IS OGSURE?

OGSure is designed specifically for Obstetricians and Gynecologists in Malaysia. Marsh in collaboration with O&G's have tailor made a Medical Malpractice Insurance Scheme designed for O&G's suitable of today's Malaysian Market.

## WHY OGSURE?

With a growing demand for a comprehensive medical indemnity, Marsh have identified key issues faced within Malaysia's Market and targeted to address the needs faced by O&G's. We have designed a Medical malpractice indemnity product aimed to deliver a well-rounded solution for O&G's.



## WHO CAN BE INSURED?

All O&G's who are registered with the Malaysian Medical Council and regulated by the Ministry of Health Malaysia.

## COMPARISON OF OGSURE WITH CURRENT MARKET

OGSURE	FOREIGN MUTUAL	LOCAL MUTUAL	COMMERCIAL UNDERWRITER
Legally Enforceable contract evidenced by policy document	Discretionary indemnity	Discretionary indemnity	Legally Enforceable contract evidenced by policy document
Limits up to RM 30 Mil	Limits up to RM 10 Mil	Unlimited indemnity but payment and amount discretionary	Limits up to RM 5 Mil
Claims made	Claims made	Occurrence based	Claims made
Individualisation – No claim bonus	None	None	None
Year 1: 10% Year 2: 15% Year 3: 20%			
Run off Cover for a period of 6 Years	Run off for a period of 5 Years	Occurrence based	Life long but only if the Scheme moves along
Instalment payments with 0% interest	None	None	None

### WHO ARE WE?

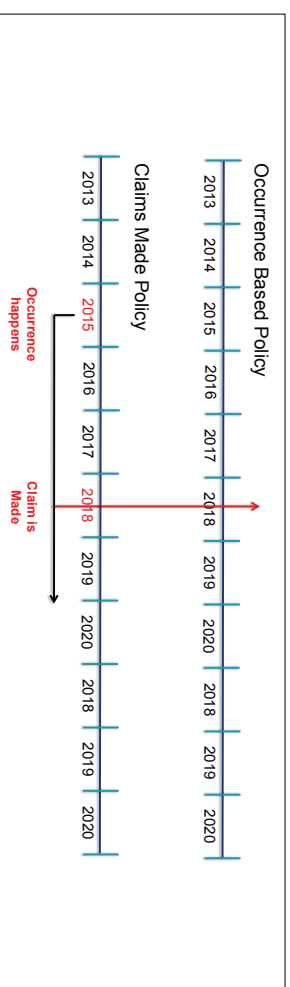
Marsh & McLennan Companies is a Fortune 200 professional services firm focused on risk strategy and human capital. We have a 120 man strong team in Malaysia focusing on corporate risk and professional risk.

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## TYPE OF POLICY

Claims Made policy which covers on an annual basis.



## Difference between a Claims made and Occurrence Based Policy

Should a medical malpractice occur in 2015 but the resulting claim is not presented until 2018.

- A claims-made policy
  - looks at when the claim is first made.
  - will only provide cover for a claim made in that year.
  - you have purchased consecutively for 4 years from 2015 – 2018, will only trigger the policy the claim has been made, i.e 2018
- An occurrence-basis policy
  - looks at when the medical malpractice occurred
  - a medical malpractice that occurs in 2015 with a claim made in 2018 will have the 2015 Policy respond.

## PRICING

LIMIT (ANYONE CLAIM AND IN THE AGGREGATE)	STANDARD ANNUAL PREMIUM EXCLUDING 6% GST & S/D	TOTAL PREMIUM INCLUSIVE OF GST AND STAMP DUTY
RM 10,000,000	RM 42,000	RM 44,530
RM 20,000,000	RM 63,000	RM 66,790
RM 30,000,000	RM 81,000	RM 85,870

Subject to underwriting consideration and acceptance

### ABOUT LONPAC INSURANCE

Lonpac Insurance Bhd is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia to transact all classes of general insurance business. Lonpac is a wholly-owned subsidiary of LP Capital Bhd. With clients that include major corporations in the finance, property development and manufacturing industries, it has grown to become one of the leading general insurers in the country. Guided by its corporate vision, "To be the preferred premier insurance solutions provider", the Company's primary focus is to provide innovative insurance products supported by customer-centric service excellence. As such in October 2014, A.M Best Asia-Pacific Limited has affirmed Lonpac's financial strength rating of A- for "Excellent". Besides that, it has also been recognised with multiple awards.

## RUN-OFF COVER

In the event of the practitioner retiring from practice completely there is need for continuation of cover to protect the practitioner and/ or the estate against any future claims that may arise.



## OGSure Proposal Form

Pursuant to Paragraph 4(1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for a purpose related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of your contract of insurance, refusal or reduction of your claim(s), change of terms or termination of your contract of insurance.

The above duty of disclosure shall continue until the time your contract of insurance is entered into, varied or renewed with us.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us any of the information given in this Proposal Form is inaccurate or has changed.

**IMPORTANT:**

- i. Where provided, tick (✓) appropriate box to indicate answer.
- ii. Signing of this Proposal does not bind the Insurer to offer or the Proposer to accept insurance, but it is agreed that this Proposal shall be the basis of any insurance issued.
- iii. If there is insufficient space to complete the Proposal, please attach additional sheets.

Personal Particulars				
1.	Name of Proposer:			
2.	Correspondence address:  Office Tel no: _____ Mobile no: _____ Email address: _____			
3.	Date of Birth: ____/____/_____ Gender: (    ) Male    (    ) Female			
4.	Nationality: (    ) Malaysian    (    ) Non-Malaysian If Malaysian, your new Identity Card Number: _____ If non-Malaysian, please specify your: Nationality: _____ Passport Number: _____			
Practice Information				
5.	Qualifications:			
	Type	Degree/Membership/Fellowship	Awarding Body	Year of Award
	Basic			
	Specialist			
6.	Malaysian Medical Council Registration Number: _____ Date of Registration: ____/____/_____ National Specialist Register Number: _____ Date of Registration: ____/____/_____			



7.	Principal place of clinical practice:  If more than one place of clinical practice, how many in total? _____								
8.	If you practise in the private sector, please state number of years you have been practising in the private sector: _____ Are you currently also a government doctor? ( ) Yes ( ) No								
9.	Number of deliveries by you in the last 12 months: _____								
10.	Do you always observe the guideline 3.3 under Good Medical Practice (2001) set out by Malaysian Medical Council on chaperon during examination of a patient? ( ) Yes ( ) No								
11.	Do you always take consent of a patient before commencing any examination, treatment, procedure or surgery and observe Malaysian Medical Council guideline on consent? ( ) Yes ( ) No								
12.	a. After being qualified to practise as an obstetricians and/or gynaecologist, have you participated any further training or course in the same field (for e.g. course in obstetric emergencies, Cardiotocograph (CTG) interpretations and update)? ( ) Yes ( ) No If yes, please specify which course & date: _____  b. Have you participated and completed the Intensive Course in Obstetric Emergencies (iCOE), a course by Obstetrical and Gynaecological Society of Malaysia? ( ) Yes ( ) No								
<b>Insurance/Indemnity History</b>									
13.	Are you currently insured under a Professional Indemnity Insurance Policy ( <b>PI policy</b> ) or a member of a Medical Defence Organization, for e.g. Medical Protection Society ( <b>MPS</b> )? ( ) Yes ( ) No <i>(Please note: if "No", please skip question 14)</i>								
14.	a. Are you currently a member of a Medical Defence Organisation, for e.g. <b>MPS</b> ? ( ) Yes ( ) No <i>(Please note: if "No", please answer question 14.b below)</i>  b. If you are currently <u>insured under a <b>PI policy</b></u> on a claims made basis, please provide: <table border="1" style="width: 100%;"> <tr> <td>Insurer's name:</td> <td></td> </tr> <tr> <td>Policy limit:</td> <td>RM</td> </tr> <tr> <td>Policy Expiration date:</td> <td>___/___/___</td> </tr> <tr> <td>Retroactive date:</td> <td>___/___/___ If no retroactive date stated in your current <b>PI policy</b>, please tick ( )</td> </tr> </table>	Insurer's name:		Policy limit:	RM	Policy Expiration date:	___/___/___	Retroactive date:	___/___/___ If no retroactive date stated in your current <b>PI policy</b> , please tick ( )
Insurer's name:									
Policy limit:	RM								
Policy Expiration date:	___/___/___								
Retroactive date:	___/___/___ If no retroactive date stated in your current <b>PI policy</b> , please tick ( )								
15.	Have you ever been refused professional indemnity insurance or Medical Defence Organisation membership, including refusal to renew or been offered limited or conditional terms?  ( ) Yes ( ) No								



**Claim/Inquiry History : If you answer Yes to any one of the following, please provide details in a separate sheet of paper.**

- |     |  |
|-----|--|
| 16. | Have you ever been subject to any complaint, inquiry or investigation or hearing by any registration body or had conditions imposed on your practice or been suspended or struck off from any medical practice register?<br>( ) Yes ( ) No |
| 17. | Has any claim for compensation (arising out of your medical professional practice) been made against you?<br>( ) Yes ( ) No  |
| 18. | Are you aware of any incident, fact or circumstance that might reasonably be expected to give rise to a claim for compensation against you or a complaint lodged with Malaysian Medical Council against you?<br>( ) Yes ( ) No             |

**Application For Cover**

- |     |  |
|-----|--|
| 19. | Limit of Indemnity (Any One Claim and in the Aggregate) required:<br>( ) RM10,000,000<br>( ) RM20,000,000<br>( ) RM30,000,000  |
| 20. | Optional Extensions required:<br>i. Locum Extension ( ) Yes ( ) No<br>ii. Product Liability ( ) Yes ( ) No<br>iii. Contingent Retroactive Cover (Only applicable for MPS and MDM members)<br>( ) Yes ( ) No<br><br>If Yes, Number of Years required: _____ |

I understand that it is my duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I hereby declare that I have fully and accurately answered the questions above.

\_\_\_\_\_  
**Proposer's Signature**

\_\_\_\_\_  
**Date**

**PAYMENT AUTHORISATION / KEBENARAN UNTUK BAYARAN**

I wish to pay my annual premium as follows: (Please tick ✓) / Saya ingin membayar premium tahunan saya melalui: (Sila tanda ✓)

☐ Cheque No. / No. Cek

for the sum of / sejumlah

Payable to **LONPAC INSURANCE BHD** / Bayar kepada **LONPAC INSURANCE BHD**

**OR / ATAU**

☐ I hereby authorise **LONPAC INSURANCE BHD** to charge to my Credit Card Account accordingly. / Saya dengan ini membenarkan **LONPAC INSURANCE BHD** untuk caj Akaun Kad Kredit saya untuk premium berikut.

Name of Card Holder (as per card account) / Nama Pemegang Kad (seperti pada akaun kad)

Card Type / Jenis Kad:

VISA / VISA ☐ MASTER CARD / KAD MASTER ☐ AMOUNT (RM) / AMAUN (RM)

Card Account No.:   
No. Akaun Kad:

Card Expiry Date:   
Tarikh Luput Kad:

Relationship between Card Holder and Proposer / Hubungan antara Pemegang Kad dan Pencadang

Signature of Card Holder  
Tandatangan Pemegang Kad

Date (dd/mm/yy)  
Tarikh (hh/bb/tt)

**NOTE / NOTA:**

- 1) Collection of payment shall not be construed as acceptance of your proposal until the proposal is approved by **LONPAC INSURANCE BHD** and is also subject to the clearance of your payment if it is made by cheque or credit card. In the event that the cheque or credit card is declined by the issuing bank, the proposal/renewal (whichever is applicable) as well as the receipt are deemed automatically cancelled and **LONPAC INSURANCE BHD** shall not be liable for any claims whatsoever.  
*Penerimaan bayaran tidak boleh dianggap sebagai penerimaan cadangan anda sehinggalah cadangan diterima oleh **LONPAC INSURANCE BHD** dan ianya juga tertakluk kepada penjelasan bayaran anda jika ianya dibuat melalui cek atau kad kredit. Sekiranya cek atau kad kredit tidak diterima oleh bank pengeluar, cadangan/pembaharuan (yang mana berkenaan) serta resit akan dibatalkan secara automatik dan **LONPAC INSURANCE BHD** tidak akan dipertanggungjawabkan ke atas apa jua tuntutan.*
- 2) For Instalment Payment Plan (IPP), kindly fill up the OGSure Insurance Instalment Payment Instruction Form separately.  
*Untuk pembayaran ansuran, sila isikan Borang Arahan Pembayaran Ansuran OGSure Insurans secara berasingan.*
- 3) Please read your policy and seek clarification if you are unsure of any policy terms and conditions.  
*Sila baca polisi anda dan minta penjelasan sekiranya anda kurang pasti tentang sebarang terma dan syarat polisi.*
- 4) This proposal form is not a contract of insurance, the specific details applicable are set out in the policy document. In the event of a conflict between the English and Bahasa Malaysia versions, the English version shall prevail.  
*Borang cadangan ini bukan merupakan kontrak insurans. Butir-butir khusus diberi dalam dokumen polisi. Jika ada konflik di antara versi Bahasa Inggeris dan Bahasa Malaysia, maka versi Bahasa Inggeris akan menjadi rujukan.*

**PRIVACY POLICY / POLISI PRIVASI**

For information on our privacy policy, please visit our website [www.lonpac.com/web/my/privacy\\_policy\\_my](http://www.lonpac.com/web/my/privacy_policy_my)  
Bagi maklumat mengenai polisi privasi kami, sila lawat laman web kami [www.lonpac.com/web/my/privacy\\_policy\\_my](http://www.lonpac.com/web/my/privacy_policy_my)