



The Federation of Obstetric & Gynaecological Societies of India

C-5,6,7,9,12,13, 1st Floor, D-Wing Entrance, Trade World, Kamala City,
Senapati Bapat Marg, Lower Parel West, Mumbai 400013. Maharashtra, India
Tel : +91-022-24951648, 24951654, 24918032 Fax : +91-022-24918048
Email : fogsischemes@gmail.com Website : www.fogsi.org



Dear Colleagues,

Re: FOGSI-Indemnity Policy : Establishments Covered For Ob-Gyn. Practice & Procedures , Not For Other Faculties.

FOGSI has evolved a dedicated Medical Indemnity Policy prolonged negotiation with Insurance Companies to protect and defend our members and their hospitals against litigation's. It has always been a difficult task dealing with day to day practice and worry about litigation most of the times frivolous, taking valuable time in legal advice and courts. FOGSI decided to take this on and share your responsibility with policy and we hope all of you will avail of this facility.

The salient features of the policy are:

- As soon as you are served a notice you have to forward it to FOGSI office along with case papers. FOGSI will then forward it to the Insurance Company.
- Committee of seven people comprising of three from FOGSI, one solicitor and three from Insurance Company will decide how to deal with it and the best of lawyers appointed by Committee will represent you at your court with medical support from Zonal Committee of FOGSI. The Committee can also decide whether to contest or settle the claim.
- All litigation including criminal will be dealt with. If a member is found criminally guilty and liable for a fine, then the fine alongwith the legal bill will have to be paid by the member. If not found guilty criminally all the expenses will be borne by the Insurance Company.**
- The policies are designed for **20 lacs, 40 lacs, 60 lacs, 80 Lacs, 1 Crore, 2 Crores and 3 Crores** cover. You can choose whichever as per your needs.
- There are various categories of policy:
 - Individual FOGSI members operating at different hospitals.
 - Resident doctors.
 - Individual FOGSI members working in their own hospitals along with Hospital Indemnity covers.
 - Individual FOGSI members who render Medical Services in other hospital plus hospital indemnity for 10, 20, 30, 40 beds.

THE IMPORTANT FEATURES OF THIS POLICY IS THAT UNLIKE IN THE PAST THIS POLICY WILL COVER ALL YOUR UNTRAINED STAFF UNDER YOU.

- Your **Cheque /Demand Draft will have to be paid to "FOGSI – Indemnity"** alongwith the form marking which category you are opting for.
 - The policy will then be sent to you by the Insurance Company.
 - THIS IS AVAILABLE ONLY TO FOGSI MEMBERS.**
 - All queries and correspondence regarding this be addressed to FOGSI Office or to Mr.Chandrakant Narsingpura.

AN OPPORTUNITY HAS ALSO BEEN NEGOTIATED FOR BACK DATING PROTECTION FOR 3 YEARS FOR THOSE WHO ARE ALREADY INSURED. THIS RETROACTIVE PROTECTION IS AVAILABLE WITH A PAYMENT OF JUST 30% LOADING AMOUNT ONCE.

I hope this will take care of the long required need of our members.

Hoping for an early response.

Thanking you,

With warm regards,

Yours Sincerely,

Dr.Hrishikesh D.Pai
Secretary General, FOGSI

PLEASE SEND YOUR DEMAND DRAFT IN FAVOUR OF **"FOGSI INDEMNITY"** PAYABLE AT MUMBAI OR LOCAL MUMBAI CHEQUES.

P.T.O.

Limits of FOGSI – Indemnity Policy (FOR OBST & GYN PRACTICE & PROCEDURES ONLY)

Premium Sheet for Different Categories of Doctors

Categories of Doctors ↓		Limits of Indemnity						
		Rs.20 Lacs anyone year (multiple incidents aggregating to 20 Lacs) Rs.20 Lacs incident	Rs.40 Lacs anyone year (multiple incidents aggregating to 40 Lacs) Rs.40 Lacs incident	Rs.60 Lacs anyone year (multiple incidents aggregating to 60 Lacs) Rs.60 Lacs incident	Rs.80 Lacs anyone year (multiple incidents aggregating to 80 Lacs) Rs.80 Lacs incident	Rs.1 Crore anyone year (multiple incidents aggregating to 1 Crore) Rs.1 Crore incident	Rs.2 Crore anyone year (multiple incidents aggregating to 2 Crore) Rs.2 Crore incident	Rs.3 Crore anyone year (multiple incidents aggregating to 3 Crore) Rs.3 Crore incident
		Total Premium	Total Premium	Total Premium	Total Premium	Total Premium	Total Premium	Total Premium
Individual Doctors	[A] →	Category : A : Rs.3,776/-	Category : A1 : Rs.7,552/-	Category : A2 : Rs.11,328/-	Category : A3 : Rs.15,406/-	Category : A4 : Rs.19,258/-	Category : A5 Rs.38,515/-	Category : A6 Rs.57,773/-
Resident Doctors without any Private Practice / Consultancy	[B] →	Category : B : Rs.944/-	Category : B1 : Rs.1,888/-	Category : B2 : Rs.2,832/-	Category : B3 : Rs.3,852/-	Category : B4 : Rs.4,814/-	Category : B5 Rs.9,629/-	Category : B6 Rs.14,443/-
Doctors who own Medical Establishment, do not Render Medical Service Elsewhere.								
Hospitals with beds upto (For Obst & Gyn practice & procedures) [C] →	10 Beds	Category : C1 : Rs.7,033/-	Category : C11 : Rs.13,122/-	Category : C21 : Rs.20,154/-	Category : C31 : Rs.26,768/-	Category : C41 : Rs.33,942/-	Category : C51 Rs.67,883/-	Category : C61 Rs.1,01,789/-
	20 Beds	Category : C2 : Rs.7,977/-	Category : C12 : Rs.14,066/-	Category : C22 : Rs.22,042/-	Category : C32 : Rs.28,694/-	Category : C42 : Rs.36,073/-	Category : C52 Rs.72,145/-	Category : C62 Rs.1,08,218/-
	30 Beds	Category : C3 : Rs.8,921/-	Category : C13 : Rs.15,010/-	Category : C23 : Rs.23,930/-	Category : C33 : Rs.30,620/-	Category : C43 : Rs.39,719/-	Category : C53 Rs.79,438/-	Category : C63 Rs.1,19,156/-
	40 Beds	Category : C4 : Rs.9,865/-	Category : C14 : Rs.15,954/-	Category : C24 : Rs.25,818/-	Category : C34 : Rs.32,546/-	Category : C44 : Rs.42,607/-	Category : C54 Rs.85,215/-	Category : C64 Rs.1,27,822/-
Doctors who own Medical Establishments, Render Medical Service in any other Hospitals also								
Hospitals with beds upto (For Obst & Gyn practice & procedures) [D] →	10 Beds	Category : D1 : Rs.10,809/-	Category : D11 : Rs.20,674/-	Category : D21 : Rs.31,482/-	Category : D31 : Rs.42,173/-	Category : D41 : Rs.53,199/-	Category : D51 Rs.1,06,398/-	Category : D61 Rs.1,59,597/-
	20 Beds	Category : D2 : Rs.11,753/-	Category : D12 : Rs.21,618/-	Category : D22 : Rs.33,370/-	Category : D32 : Rs.44,100/-	Category : D42 : Rs.56,088/-	Category : D52 Rs.1,12,176/-	Category : D62 Rs.1,68,263/-
	30 Beds	Category : D3 : Rs.12,697/-	Category : D13 : Rs.22,562/-	Category : D23 : Rs.35,258/-	Category : D33 : Rs.46,026/-	Category : D43 : Rs.58,976/-	Category : D53 Rs.1,17,953/-	Category : D63 Rs.1,76,929 /-
	40 Beds	Category : D4 : Rs.13,641/-	Category : D14 : Rs.23,506/-	Category : D24 : Rs.37,146/-	Category : D34 : Rs.47,952/-	Category : D44 : Rs.61,865/-	Category : D54 Rs.1,23,730/-	Category : D64 Rs.1,85,595/-

Payment : At par Cheque / Demand Draft in favour of “**FOGSI-Indemnity**”. It includes 18% Govt.Service Tax.

Correspondence Address : FOGSI Office, C-5,6,7,12,13, 1st Floor, D-Wing Entrance, Trade World, Kamala City, Senapati Bapat Marg, Lower Parel, West, Mumbai 400013. Maharashtra

Contact Numbers : (022) 24951648 / 24951654 **Email Id :** fogsischemes@gmail.com

Note : Please send your Contact Numbers and Email ID.



युनाइटेड इंडिया इन्श्योरेन्स कंपनी लिमिटेड

डिवीजनल ऑफिस नं. ४, वलकन इन्श्योरेन्स बिल्डींग, १ला माला, ७७, वीर नरीमन रोड, चर्चगेट, मुंबई ४०००२०.

UNITED INDIA INSURANCE CO. LTD.

Divisional Office No.4, Vulcan Insurance Building, 1st Floor, 77, Veer Nariman Road, Churchgate, Mumbai 400020.

Category

PROPOSAL FORM FOR DOCTORS AND MEDICAL PRACTITIONERS GYNAECS & OBSTETRICIANS

INDIVIDUAL DOCTORS

1. Name of the Doctor Member :

2. Address for Correspondence :

3. Email ID :

4. All Contact Numbers :

5. Name of the Affiliated Society :

6. Professional Qualification and the year of such Qualification :

7. Medical Registration Number :

8. Are you a member of any Medical Association / Council, if so, please state Name and Address of such Association / Council with Membership Number :

9. Are you resident doctor without any Private Practice or Consultancy ? :

10. Has any claim been made upon you or Legal Proceedings institute or likely to be instituted against you by patients in respect of your treatment etc. If so, please give details :

11. Have you been previously insured for the subject risk ? If so, please give full details :

12. Limit of Indemnity (liability) required (Please tick the option)
Any One year :
(Multiple incidents aggregating to Rs.3 Crores, Rs.2 Crores, Rs.1 Crore, Rs.80 Lacs, Rs.60 Lacs, Rs.40 Lacs and Rs.20 Lacs respectively as per option chosen)
OR
Any One Incident :

Rs.3 Crores

Rs.2 Crores

Rs.1 Crore

Rs.80 Lacs

Rs.60 Lacs

Rs.40 Lacs

Rs.20 Lacs

I here declare that the above statement and particulars are true to the best of my knowledge and I have not suppressed or misrepresented any material facts and that at present time. I have no reason to anticipate any claim being brought against me for any negligent act, error or omission on my part and agree that this declaration shall be the basis of contract between me and the Insurer.

I also agree that the Indemnity under the insurance shall not be availed for claim arising out of acts of negligence error or omission or misconduct committed prior to commencement of this insurance.

Date :

Place :


Signature of the Proposer

UNDERTAKING :

I hereby undertake to repay entire amount to UIIC (through FOGSI) which was paid by United India Insurance Co.Ltd., towards Defense Costs, etc. if there is a conviction against me on criminal charges.

Signature of the Proposer

Authorised Signatory of FOGSI

	<p>युनाइटेड इंडिया इन्श्योरेन्स कंपनी लिमिटेड</p> <p>डिवीजनल ऑफिस नं. ४, वलकन इन्श्योरेन्स बिल्डींग, १ला माला, ७७, वीर नरीमन रोड, चर्चगेट, मुंबई ४०००२०.</p> <p>UNITED INDIA INSURANCE CO. LTD.</p> <p>Divisional Office No.4, Vulcan Insurance Building, 1st Floor, 77, Veer Nariman Road, Churchgate, Mumbai 400020.</p>	<p>Category</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<p align="center">PROPOSAL FORM FOR MEDICAL ESTABLISHMENTS ERRORS AND OMISSIONS INSURANCE</p> <p align="center"><u>FOR OBST & GYN PRACTICE & PROCEDURES ONLY</u></p>		
<p>1. Name of the Doctor Member :</p>		
<p>2. Name of the Medical Establishment & Address :</p>		
<p>2. Address for Correspondence :</p>		
<p>3. Email ID :</p>		
<p>4. All Contact Numbers :</p>		
<p>5. Name of the Affiliated Society :</p>		
<p>6. Year in which established & Registration Number of Hospital :</p>		
<p>7. Names and Addresses of Owners . Directors / Partners :</p> <p>a)</p> <p>b)</p> <p>c)</p>		
<p>8. Have you complied with all the statutory Rules / Regulations relating to your establishment :</p>		
<p>9. Whether the Establishment is meant only for the Purpose of Gynaecological / Obstetric treatment ? If not please specify :</p>		
<p>10. Please specify all the facilities available like X-Ray, Scanning, Pathology etc (For Information only) :</p>		
<p>11. State number of beds maintained :</p>		
<p>12. Please state the number of Unqualified Staff :</p>		
<p>13. Give details of Radioactive treatment facilities Specify materials used and precautions taken Further for such usage. :</p>		

**14. Details of any Claims lodged against the Proposer
in the past on account of service rendered by Your Establishment :**

**15. Details of any event likely to give rise to a liability
claims against you a Future date :**

**16. State Limit of Indemnity (liability) required (Please tick
the option) Any One year :
(Multiple incidents aggregating to Rs.3 Crores,
Rs.2 Crores, Rs.1 Crore, Rs.80 Lacs, Rs.60 Lacs,
Rs.40 Lacs and Rs.20 Lacs respectively as per option
chosen)
OR
Any One Incident :**

Rs.3 Crores

Rs.2 Crores

Rs.1 Crore

Rs.80 Lacs

Rs.60 Lacs

Rs.40 Lacs

Rs.20 Lacs

I here declare that the above statement and particulars are true to the best of my knowledge and I have not suppressed or misrepresented any material facts and that at present time. I have no reason to anticipate any claim being brought against me for any negligent act, error or omission on my part and against the company and agree that this declaration shall be the basis of contract between me and the Insurance company.

I also agree that the Indemnity under the insurance shall not be availed for claims arising out of acts of negligence, error or omission or misconduct committed prior to commencement of this insurance.

OR for claims other than Obst & Gyn practice & procedures.

Date :

Place :

Signature of the Proposer

UNDERTAKING :

I hereby undertake to repay entire amount to UIIC (through FOGSI) which was paid by United India Insurance Co.Ltd., towards Defense Costs, etc. if in case there is a conviction against me on criminal charges.

Signature of the Proposer

Authorised Signatory of FOGSI

This is for members who have Indemnity Policy and want to transfer liability. This consent form has to be filled. You have to attach last 3 years indemnity policy with the proposal form and one time loading or 30% on the premium.

Consent Form

There is no prior or pending litigation and I have no knowledge of any situation which may give rise to a claim.

Name : _____

Address : _____

Contact Numbers : _____

Signature : _____

Date : _____