



**ZIMBABWE MEDICAL ASSOCIATION (ZiMA)
MALPRACTICE SELF FUND**

INSURANCE FUND REMITTANCE ADVICE- 2019

The Insured:

Period of Insurance:

Postal Address:

Excess: 10% of each and every loss minimum US\$25.00

Please tick appropriate Limit of Liability box:

Liability	US\$5,000	US\$7,500	US\$10,000	US\$15,000	US\$20,000	US\$30,000	US\$50,000
Premium	US\$	US\$	US\$	US\$	US\$	US\$	US\$

MEDICAL SPECIALITY: Please tick appropriate speciality box

Anaesthetics	<input type="checkbox"/>	Geriatric Surgery	<input type="checkbox"/>	Obstetrics	<input type="checkbox"/>
Cardiovascular	<input type="checkbox"/>	GP Assisting in Surgery	<input type="checkbox"/>	Ophthalmology (No Surgery)	<input type="checkbox"/>
Surgery	<input type="checkbox"/>	GP Intrapartum	<input type="checkbox"/>	Ophthalmology Surgery	<input type="checkbox"/>
Dentists	<input type="checkbox"/>	Obstetrics	<input type="checkbox"/>	Orthopaedic Surgery	<input type="checkbox"/>
Dentists Surgery	<input type="checkbox"/>	GP Surgery	<input type="checkbox"/>	Radiology	<input type="checkbox"/>
Emergency Medicine	<input type="checkbox"/>	Gynaecology	<input type="checkbox"/>	Thoracic Surgery	<input type="checkbox"/>
General Surgery	<input type="checkbox"/>	Nuerosurgery	<input type="checkbox"/>	Urology	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

NB Please indicate the limit that you require on the tear-off slip and return it to Minerva Risk Advisors. Alternatively and since time is of the essence, you may make a direct deposit into the ZiMA Fund Bank Account, Account Name; ZiMA Self Insurance Fund; CBZ Newlands Branch, A/C No 68961304460014 and email us a copy of the proof of payment together with the tear-off slip.

Please complete this Section and return it with a copy of the proof of payment to Minerva Risk Advisors.

- Speciality/ Discipline
- Limit of Cover Required US\$.....
- Premium as per above rates.US\$.....
- Brief details of any incident likely to give rise to a malpractice claim against you
.....
.....
- Name..... Signed
- Physical Address.....
- Email address.....Mobile No/Landline