

Clinical Abstract Application Form

Instructions

1. This form must be fully completed for the application of a medical report. It should be signed by the patient or the patient's parent (if patient is below 21 years of age) or the patient's next-of-kin (if patient is deceased), and be duly witnessed.
2. This form is to be submitted with the appropriate report fee.
3. The release of the medical report is subject to official approval.

Medical Superintendent

_____ Hospital

Singapore _____

I, _____ NRIC No. _____
 (Name)

of

_____ (Address)

hereby authorise you to furnish **HSBC Insurance (Singapore) Pte. Limited** of 10 Eunos Road 8, #11-01 Singapore Post Centre, Singapore 408600 with a medical report on

_____ NRIC/Hospital Registration No.* _____

(Name of patient)

who was treated at the hospital as a patient in the department of _____ from _____
 to _____.

The medical report is required for the purposes(s) specified below:

Besides the medical report fee I undertake to pay any additional charges such as X-ray and Laboratory Investigation Charges which may be incurred in the preparation of the medical report.

Name (in block letters): _____

 Signature of patient / parent / next-of-kin

Relation to patient: _____

Duly Witnessed By:

_____ Name (in block letters): _____
 Signature

NRIC No. _____ Address: _____

For official use

Application is approved / not approved

 Signature and date

 Name and Designation of approving officer

* Delete as appropriate