

Clinical Abstract Application Form

HSBC Life (Singapore) Pte. Ltd. (Reg. No. 199903512M)

www.hsbclife.com.sg

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Mailing Address: Robinson Road Post Office P.O.Box 1538, Singapore 903038

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 Life (Singapore) Pte Ltd. (Underwriting and Claims Team) of 10 Marina Boulevard, Marina Bay Financial Centre Tower 2 #48-01 Singapore 018983, 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 _____ (dd/mm/yyyy)
to _____ (dd/mm/yyyy).

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.

Signature of patient/parent/next-of-kin

Name (in block letters)

Relation to patient

Duly Witnessed By:

Signature of witness

Name (in block letters)

NRIC No.

Address

For official use

Application is approved/not approved

Signature and date

Name and designation of approving officer

* Delete as appropriate