



AIA SINGAPORE LETTER OF CONSENT

Important Notes:

- 1) This form is required for the application of medical report from hospital/clinic and should be completed by the patient or the patient's parent (if patient is below 21 years of age).
- 2) For request of medical report from hospital, this form is to be submitted to the Medical Records Department of the hospital.

Medical Source

Name of Doctor

Name of Hospital/Clinic

Address of Hospital/Clinic

Patient's Particulars

Name of Patient

NRIC/BC/Passport/FIN No.

Policy No(s) if applicable

Other Information (Compulsory for request to SAF Medical Corps)

Contact No.

Medical Condition

Authorisation

I hereby authorise you, the Medical Source, to furnish AIA SINGAPORE PRIVATE LIMITED with a detailed medical report on the patient. This report is required in connection with Life insurance application/insurance claims.

I am aware a photocopy of this authorisation shall be effective and valid as the original.

Signature of (Please tick)

Patient

Patient's Parent

Next-of-Kin

Legal Representative of Estate

Signature of Witness*

*(Signature and Name of Witness is compulsory for request to Institute of Mental Health and SAF Medical Corps)

Date

Date

Name and NRIC No of Patient's Parent/ Next-of-Kin/
Legal Representative of Estate

Name of Witness*

FSC/IR's Name

FSC/IR's Code

FSC/IR Unit Name

Mobile No.

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