



Clinical Abstract Application Form

CA1

A. Particulars of Life to be Assured / Assured

Name	:	_____
NRIC/ Passport / B.C. No.	:	_____
Contract No.	:	_____

Instruction

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.

To : Doctor / Medical Officer In-Charge

Clinic / Hospital : _____

Address : _____

I, _____ * NRIC / Passport No . _____

hereby authorise you to furnish **AVIVA LTD** of **4 Shenton Way #01-01 SGX Centre 2 Singapore 068807**

with a medical report on _____ (Name of Patient)

NRIC / Birth Cert / Passport No. _____ who was treated at the * clinic/hospital

as a patient in the Department of _____

from _____ (Admission Date) to _____ (Discharge Date).

The Medical report is required for the purpose(s) specified below:

* Signature of Patient/Parent/Next-of-kin

Name :

Relationship to Patient :

Signature of Witness / Date

Name :

* NRIC/Passport No. :

Address :

FOR OFFICIAL USE

Application is Approved/Not Approved

Signature & Date

Name and Designation of Approving Officer

* Delete as appropriate