



Clinical Abstract Application Form (CA1)

Particulars of Life Assured

Name : _____

Identity Card / Passport No. : _____ Contract No. : _____

Authorisation

To : Doctor / Medical Officer-in-charge

Clinic / Hospital : _____

Address : _____

I, _____, _____ authorise you
(Name of Patient / Parent / Legal Guardian) (NRIC / Passport No.)

to furnish **AVIVA LTD** with medical report(s) on _____
(Name of Patient)

_____, who was treated at the clinic / hospital as a patient in the
(NRIC / Birth Certification / Passport No.)

Department of _____ from _____ to _____
(Admission Date) (Discharge Date)

Signature of Patient (if 21 years old & above);
Otherwise, Signature of Patient's Parent / Legal Guardian

Signature of Witness

Date: _____

Date: _____

Name: _____

Name: _____

Relationship to Patient (who is below 21 years old)

NRIC / Passport No.: _____

Father Mother Legal Guardian

Address: _____
