



APPLICATION FORM

SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No. Contract No.

SECTION B: AUTHORISATION

To : **Doctor / Medical Officer-in-charge**

Clinic / Hospital

Address

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

to furnish **Singapore Life Ltd. ("Singlife")** 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

Date

Name

Relationship to Patient (who is below 21 years old)

Father Mother Legal Guardian