

Clinical abstract application

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 next-of-kin (if patient is below 21 or is deceased).
2. For request of medical report from hospital, this form is to be submitted to the Medical Records Department of the hospital.

Claim Number: _____

To: Doctor-in-charge

Dear Sir/Madam

Name of Patient: _____

NRIC number: _____

APPLICATION FOR MEDICAL REPORT

I hereby authorise you to furnish INCOME INSURANCE LIMITED, 75 BRAS BASAH ROAD, INCOME CENTRE, SINGAPORE 189557 with a detailed medical report on the above named patient. This report is required for insurance purposes. I agree that a photocopy of this form shall be as valid as the original.

Signature of patient or patient's next-of-kin¹ (if patient is below 21 or is deceased)

Date (dd/mm/yyyy)

Particulars of patient

Name (as shown in NRIC)	NRIC number
Address	

Particulars of patient's next-of-kin (if patient is below 21 or is deceased)

Name (as shown in NRIC)	NRIC number
Address	Relationship to patient

¹ Please delete accordingly