

Letter of Authorisation for Release of Medical Information

Important Note:

This form is required to request a medical report from a hospital or clinic. It must be completed by:

- The patient,
- The patient's parent (if the patient is under 21), or
- The patient's next-of-kin (if the patient is deceased).

Dear Sir/ Mdm,

Patient's Name ("Patient")	
Patient's NRIC/ Passport No.	

I hereby authorise you,

Name of Clinic/ Hospital	
Address of Clinic/ Hospital	

to provide China Life Insurance (Singapore) Pte. Ltd. ("CLIS") with a detailed medical report on the Patient. This report is required for CLIS to process and assess my insurance application or insurance claim application.

I acknowledge that a photocopy of this authorisation shall be as valid and effective as the original.

I confirm that the information provided in this form is true and correct. I expressly authorise and consent to CLIS, its officers, employees and representatives collecting, storing, using, transferring and/or disclosing, any and all information relating to me and/or the Patient, whether in Singapore or elsewhere, for the purpose of allowing CLIS to evaluate, process, administer or manage my insurance application or insurance claim application.

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

Date

Full Name as per NRIC/ Passport :

Relationship to Patient :

NRIC/ Passport Number

**Please delete accordingly*

——— 中国人寿保险(新加坡)有限公司
China Life Insurance (Singapore) Pte. Ltd.