income made yours

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Clinical Abstract Application

Important notes:

1. This form must be:
   a. duly completed to authorise the medical source, insurance office, reinsurer, organisation to release to Income Insurance Limited ("Income") any medical or relevant information pertaining to the medical history of the patient;
   b. signed by the patient <u>or</u> the patient's parent (if patient is below 21 years of age) <u>or</u> the patient's next-of-kin (if patient is deceased).
2. For request of medical report from hospital, this form is to be submitted to the Medical Records Department of the hospital.

Date (dd/mm/yyyy) ____________________

To: Person-in-charge

Dear Sir/Madam

I, ____, *the below named patient/parent of the below named patient/next-of-kin of the below named patient, authorise you to furnish to Income Insurance Limited ("Income") the detailed medical report/any relevant information pertaining to *my/the below named patient's medical history. The information requested is for Income to process *my/the below named patient's insurance claims. I agree that a copy of this authorisation is valid and binding as an original copy.

Yours sincerely

________________________________	________________________________
Signature of patient	Signature of patient's parent/patient's next-of-kin* (if patient is below 21 <u>or</u> is deceased)

Particulars of patient

Full name (as in NRIC/BC/Passport/Long-Term Pass)	NRIC/BC/Passport number/FIN
Address	

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

Full name (as in NRIC/BC/Passport/Long-Term Pass)	NRIC/BC/Passport number/FIN
Address	Relationship to patient

* delete whichever not applicable