

Patient's Name: _____ NRIC / FIN no: _____

PRUDENTIAL ASSURANCE COMPANY SINGAPORE PRE-AUTHORISATION FORM

<p>1. In this Authorisation and Declaration Form, the following terms shall have the corresponding meanings:</p> <ul style="list-style-type: none">i. "LOG" shall mean the letter of guarantee and/ or the certificate of pre-authorisation approval provided by PACS.ii. "PACS" shall mean Prudential Assurance Company Singapore (Pte) Limited.iii. "PACS persons" shall refer to PACS, associated persons, its related corporations, respective representatives, agents, third party service providers, contractors and/ or appointed distribution/business partners whether within or outside Singapore;iv. "Personal Data" means information, medical information, medical history, consultation history and notes, prescription, treatments, descriptions or medical services rendered, and any employment and financial information, including the taking of copies of such records and any other information necessary for the pre-authorisation request and/ or approval; andv. "Purpose" means any of the purposes described in the PACS' privacy notice (which is available at https://www.prudential.com.sg/Privacy-Notice), including but not limited to the processing of the pre-authorisation request and/ approval, to provide subsequent advice or services to me/us or the Life Assured(s) person in relation to any existing or future policy/policies/programmes that I/we may hold/participate with PACS.vi. "Third Parties" shall refer to persons and organizations, whether within or outside Singapore, including but not limited to medical sources, hospitals, doctors, other healthcare professionals, laboratories, regulators, dispute resolution centres and insurers, their associated persons/organizations, my/our or the insured person's employers or finance service providers, or their third-party service providers or representatives. <p>2. I/We:</p> <p>(a) accept that</p> <ul style="list-style-type: none">i. the furnishing of this form by me/us;ii. the acceptance of this form or of any forms supplemental thereto by PACS persons; and/oriii. any payments, under or in connection with such forms or LOGs, do not constitute and shall not be construed as:<ul style="list-style-type: none">A. an admission of liability by PACS persons; and/orB. an admission by PACS persons that there was any insurance in force under the relevant insurance policy and/or LOG; and/orC. a waiver by PACS persons of any of its rights or defences. <p>(b) the issuance of the LOG and any payments thereunder shall be at the sole and absolute discretion of PACS;</p> <p>(c) am/are hereby jointly and severally liable to PACS for any sums paid or payable by PACS to the medical institutions and professionals. PACS reserves its rights to recover such sums that may be attributed or attributable to the medical services provided to the Life Assured which are:<ul style="list-style-type: none">i. inadmissible under the insurance policyii. excluded by the insurance policy; oriii. exceeds the coverage of the relevant insurance policy (whether wholly or partially)</p> <p>(d) hereby indemnify PACS and/ or PACS persons (collectively the "Indemnitees") and keep indemnified the Indemnitees from and against any and all costs, expenses, losses, claims, damages, liabilities, actions and proceedings which the Indemnitees may at any time sustain, incur or suffer or which may become payable by or brought or made against the Indemnitees, and legal fees and costs incurred, on a full indemnity basis, arising out of or in connection with all sums due and payable in respect of paragraph 2(c) above;</p> <p>(e) hereby declare that I/we are duly authorised to make this application and all statements and responses whether on this form or otherwise together with any required questionnaire, amendments, materials and supporting documents submitted in connection herewith and the Policy ("information");</p> <p>(f) confirm that all information declared to PACS for the purpose of the Policy and its coverage, including current application is complete, true and correct and that no information or materials have been withheld and that PACS will rely and act on the Information accordingly and accept that PACS shall be at liberty to deny liability and/or recover any sums paid, whether wholly or partially, if any of the Information is incomplete, untrue or incorrect in any respect or if the relevant insurance policy does not provide cover; and</p> <p>(g) accept that PACS expressly reserves its rights to require or obtain further information as it deems necessary.</p> <p>3. I/We hereby authorize, agree and consent to:</p> <ul style="list-style-type: none">(a) Third Parties to disclose and release to PACS persons, any information concerning the policy owner and the insured person(s) at any time, including all Personal Data relevant for the Purpose (defined below);(b) PACS Persons sharing the scope of the sub-clause (a) above, along with any of the Personal Data, with any relevant Third Parties to procure their disclosure and release of additional relevant Personal Data for the Purpose;(c) PACS Persons, including their approved medical examiners or laboratories, performing any necessary medical assessments and examinations and tests to determine, assess and evaluate the health of the insured person(s);(d) PACS Persons collecting, using, disclosing, storing, retaining and/or processing (collectively, "Using"/"Use") the Personal Data for the Purpose; and(e) waive any right to bring a claim of any nature against any of the PACS Persons in respect of any above-mentioned Use and/or any Use of any Personal Data for the Purpose. <p>4. Where I/we are not the Life Assured(s), I/we represent and warrant that I/we have obtained the consent of the Life Assured(s), except to the extent such consent is not required under relevant laws: (i) to collect their Personal Data; (ii) to disclose their Personal Data to PACS Persons; and (iii) for PACS Persons and Third Parties to Use any of their Personal Data in the manner and for the purposes described in this Clause. I/We hereby agree to indemnify PACS Persons for all losses and damages that PACS Persons may suffer if I/we are in breach of any representation and warranty provided by me/us herein.</p> <p>5. I/We agree that the personal contact details provided can be used for communication on matters relating to this application, the purpose of the LOG and its subsequent related claims. This authorization and declaration above shall bind my/our successors and assignees, and remain valid, notwithstanding death or incapacity. I/We agree that a photocopy of this authorization shall be deemed effective and valid as the original.</p> <p>6. I/We accept that the Life Assured may, where applicable, grant the Policy Owner authority to make the said declarations, consents and waivers in this authorisation and declarations.</p>	
<p>This form is to be signed by the Life Assured unless otherwise stated.</p>	<p>As the Policy Owner, I am signing this form on behalf of the Life Assured who is:</p> <ul style="list-style-type: none">- below the age of 21 years old- lacking the capacity as set out in Section 4 of the Mental Capacity Act
<p>Signature / Date: _____</p>	<p>Signature / Date: _____</p>
<p>Name of Life Assured: _____</p>	<p>Name of Life Assured: _____</p>
<p>NRIC / FIN No. of Life Assured: _____</p>	<p>NRIC / FIN No. of Life Assured: _____</p>