

<p>CLINICAL ABSTRACT APPLICATION FORM</p> <p>MD 105</p>	<p>Instructions</p> <ol style="list-style-type: none"> <li>1 This form must be fully completed for the application of a medical report. It should be signed by the patient or the patient's parent (if patient is below 21 years of age) or the patient's next – of –kin (if patient is deceased), and be duly witnessed.</li> <li>2 This form is to be submitted with the appropriate report fee.</li> <li>3 The release of the medical report is subject to official approval.</li> </ol>
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Dear Sir / Doctor

I, \_\_\_\_\_ NRIC NO. \_\_\_\_\_

of \_\_\_\_\_  
(Address of patient)

hereby authorize you to furnish Prudential Assurance Company Singapore (Pte) Limited with a medical report on  
\_\_\_\_\_ NRIC No. \_\_\_\_\_  
(Name of patient)

who was treated at the hospital /Clinic. Besides the medical report fee, I undertake to pay any additional charges such as X-ray and laboratory investigation charges which may be incurred in the preparation of the medical report.

I agree and confirm that a photocopy of this executed Clinical Abstract Application form is as valid and effective as the original Clinical Abstract Application form; and

The medical report is required for the purposes of (i) assessing, processing and investigating my claim(s) arising under the Policy and such other purposes ancillary or related to the assessing, processing and investigating my claim(s) and administering of the Policy, (ii) customer servicing, statistical analysis, conducting customer due diligence, reporting to regulatory or supervisory authorities, auditing and recovery of any debts owing to Prudential under this Policy, (iii) storage and retention, (iv) meeting requirements of prevailing internal policies of Prudential, and as set out in Prudential's Privacy Notice.

Name (in block letters): \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient / Parent / Next-of-Kin      Relation to patient : \_\_\_\_\_

Duly Witnessed By:

\_\_\_\_\_  
Signature      Name (in block letters): \_\_\_\_\_

NRIC NO. : \_\_\_\_\_ Address : \_\_\_\_\_