



# APPLICATION FORM

## SECTION A: PARTICULARS OF LIFE ASSURED

Name

Identity Card / Passport No.  Contract No.

## SECTION B: AUTHORISATION

To : **Doctor / Medical Officer-in-charge**

Clinic / Hospital

Address

I, ,  authorise you  
(Name of Patient / Parent / Legal Guardian) (NRIC / Passport No.)

to furnish **Singapore Life Ltd. ("Singlife")** with medical report(s) on   
(Name of Patient)

, who was treated at the clinic / hospital as a patient in the  
(NRIC / Birth Certification / Passport No.)

Department of  from  to   
(Admission Date) (Discharge Date)

Signature of Patient (if 21 years old & above);  
Otherwise, Signature of Patient's Parent / Legal Guardian

Date

Name

Relationship to Patient (who is below 21 years old)

Father  Mother  Legal Guardian