CLINICAL ABSTRACT APPLICATION

Great Eastern
A member of the OCBC Group

Important Note:
(i) This form is required for the application of medical report from hospital/clinic and should be completed 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).
(ii) For request of medical report from hospital, this form is to be submitted to the Medical Records Department of the hospital.

* Please delete accordingly

Date : _____

Dear Sir

Name of Patient : Li Wei Ling

NRIC/ FIN No.: S6578901J

Re : Application for Medical Report

I hereby authorise you to furnish THE GREAT EASTERN LIFE ASSURANCE COMPANY LIMITED with a detailed medical report on the above named patient (including without limitation all of my personal data contained therein) for purposes reasonably required by any of the aforesaid companies to evaluate, admit, process and/or administer my insurance claims. 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.

Yours faithfully

Signature of *Patient / Patient's Parent / Patient's Spouse / Next-Of-Kin

Signature of witness

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