

# Authorisation for Release of Medical Information Form

Please complete and sign the following authority for the release of **Your** medical information. **We** ask **You** also to refer to section 3.6 of **Your** members' handbook which outlines the additional information **You** may be asked to provide in the event of a claim. Please note that if **You** do not allow **Us** reasonable access to this information, **We** may not be able to process **Your** claim.

| Member Details     |                             |   |   |
|--------------------|-----------------------------|---|---|
| Member name:       |                             |   |   |
| Membership number: | Date of birth (dd/mm/yyyy): | / | / |
|                    |                             |   |   |

| Medical facility details                        |      |
|-------------------------------------------------|------|
| Medical facility/treating Medical Practitioner: |      |
| Email:                                          |      |
| Telephone number:                               | Fax: |

## Medical details

a di sa Lifa a lifa a da ka li

I/the member named above authorise the above medical facility/treating **Medical Practitioner** to release the following medical records and confidential information to Now Health International (Singapore) Pte. Ltd or to its authorised representative:

□ Complete record

□ Records of care from (dd/mm/yyyy) / / to (dd/mm/yyyy) / / only

□ Records of care concerning the following **Medical Condition(s)**:

□ Other. Please specify:

□ Authorisation to confer with above named treating Medical Practitioner orally about information in my medical record

## Authorisation

I understand that I may have access to the medical information requested and may equally decline its release (preventing the assessment of my claim) and hereby consent to Now Health International (Singapore) Pte. Ltd or to its authorised representative obtaining medical information from the above medical facility/treating **Medical Practitioner**.

D

A photocopy or facsimile of this authorisation shall be considered as effective and valid as the original.

Signature of member/authorised representative: (parent/legal guardian/next of kin)

| ate (dd/mm/yyyy): |  |
|-------------------|--|
|-------------------|--|

Note: Now Health International (Singapore) Pte. Ltd will not pay for the release of any medical reports/records.

Return this form by email to SingaporeService@now-health.com

Now Health International (Singapore) Pte. Ltd.(No.201317502C) is a general insurance agent of Sompo Insurance Singapore Pte. Ltd. and is registered with the Agents' Registration Board of the General Insurance Association of Singapore (GIA). Registered at 16 Raffles Quay #33-03 Hong Leong Building Singapore 048581.

Visit www.sompo.com.sg to find out more about Sompo Singapore.

WC SG 28031 05/2017









## Now Health International

#### Singapore

Now Health International (Singapore) Pte. Ltd. 4 Robinson Road #07-01A/02 The House of Eden Singapore 048543 T +65 6880 2300 F +65 6220 6950 SingaporeService@now-health.com

## **Other Now Health International Offices**

### Asia Pacific

Now Health International (Asia Pacific) Limited Units 1501-3, 15/F, AIA Tower, 183 Electric Road North Point, Hong Kong T +852 2279 7310 F +852 2279 7330 AsiaPacService@now-health.com

#### Indonesia

PT Now Health International Indonesia 17/F, Indonesia Stock Exchange, Tower II Jl. Jend. Sudirman Kav. 52 – 53 Jakarta 12190, Indonesia Toll-free 0800 1 889900/ Toll + 62 21 2783 6910 | F +62 21 515 7639 IndonesiaSales@now-health.com

#### China

Asia-Pacific Property & Casualty Insurance Co., Ltd. c/o Now Health International (Shanghai) Limited Room 1103–1105, 11/F, BM Tower No. 218 Wusong Road Hongkou District, Shanghai 200080, China T +(86) 400 077 7500 / +86 21 6156 0910 | F +(86) 400 077 7900 ChinaService@now-health.com

#### Europe

Now Health International (Europe) Limited Suite G3/4, Building Three, Watchmoor Park, Camberley, Surrey, GU15 3YL, United Kingdom T +44 (0) 1276 602110 F +44 (0) 1276 602130 EuropeService@now-health.com

#### UAE

Royal & Sun Alliance Insurance Middle East B.S.C. (c) c/o Now Health International Gulf Third Party Administrators LLC PO Box 502163, Al Shaiba Building, Dubai Outsource City, Dubai, UAE T +971 (0) 4450 1415 | F +971 (0) 4450 1416 MEAService@worldcare.ae

#### **Rest of the World**

Now Health International Limited PO Box 482055, Dubai, UAE T +971 (0) 4450 1510 F +971 (0) 4450 1530 GlobalService@now-health.com

#### Plan Owners' Protection Scheme

This plan is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your plan is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact your insurer or visit the General Insurance Association of Singapore (GIA)/Life Insurance Association of Singapore (LIA) or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

Now Health International (Singapore) Pte. Ltd. (No.201317502C) is a general insurance agent of Sompo Insurance Singapore Pte. Ltd. and is registered with the Agents' Registration Board of the General Insurance Association of Singapore (GIA).

Registered at 16 Raffles Quay #33-03 Hong Leong Building Singapore 048581.

Visit www.sompo.com.sg to find out more about Sompo Singapore.