

REQUEST FOR LETTER OF GUARANTEE

Please contact our hotline 6248 8351 to request for Letter of Guarantee (LOG) **5 working days** prior to the surgery or procedure.

All details in this form are to be duly completed and signed by the insured member. Please submit this form, together with any full medical report(s), Care Cost Form/Financial Counselling Form or laboratory test result(s) to facilitate the issuance of LOG to

- Fax: +65 6564 6038
- Email: aiacclaims@alliancemedinet.com

A. PATIENT DETAILS

Name of Company		Policy Number	
Insured Name		Date of Birth	
NRIC / FIN No.		Employment Date	
Mobile No.		Alternate Tel No <i>(optional)</i>	
Email Address			

B. ADMISSION DETAILS

Hospital name			
Admission date	___ / ___ / ___	Expected discharge date	___ / ___ / ___
Name of Specialist		Name of Specialty (e.g. ENT)	
Please provide the details of symptoms (or attach full medical report)			

C. DECLARATION

(This part must be signed by the patient or patient's parent / legal guardian if the patient is below 21 years of age)

1. I/We hereby authorize, agree and consent AIA Singapore and Alliance Healthcare Group Ltd to request from any hospital, physician, person or organisation, all information with respect to any illness, injury, medical history, and copies of all hospital or medical records concerning myself or dependents at any time and authorise the prior mentioned organisations to disclose all such information to AIA Singapore and Alliance Healthcare Group Ltd.
2. AIA Singapore and Alliance Healthcare Group Ltd collecting, using, and/or disclosing my personal data for the processing of pre-certification and such other purposes ancillary or related to the administering of my insurance coverage and claims adjudication.
3. I/We agree that AIA Singapore and Alliance Healthcare Group Ltd reserve the right to recover any outstanding amount should my total medical expenses exceed the policy coverage and/or is not covered under the policy.
4. I/We hereby declare that all the information, above statements and answers including any attachments related to it are true and complete. I have not withheld any material fact from AIA Singapore and Alliance Healthcare Group Ltd.
5. I/We agree that a copy of this authorisation shall be valid and effective as the original.

Signature of Employee

Signature of Patient (if is a dependant)

Date (dd/mm/yyyy)