AIA SINGAPORE
CORPORATE SOLUTIONS
REQUEST FOR LETTER OF GUARANTEE

Important Notes:

a) For scheduled hospitalisation/day surgery, you may submit completed form and all supporting documents 2 weeks in advance.

b) The required documents should reach us no later than 3 working days from scheduled date via email sg.eb.logrequests@aia.com. For assistance, please call our Corporate Solutions hotline at 6248 8328.

c) All details in this form must by duly completed and signed by Principal Doctor and Insured Member.

d) For admission to Government/Restructured Hospital in Singapore, please ignore Part II and provide relevant document such as Hospital Admission Form/Admission Authorisation Form/Hospital Financial Counselling which is provided by the hospital in preparation for your admission/surgery.

e) For admission to Private Hospital in Singapore, Part II of this form is to be completed by your main Doctor. Please note that if your doctor(s) imposes any fees for completing this form, you will need to self-pay accordingly. However, depending on your GHS coverage and entitlement, medical report fees may be reimbursable up to an amount.

f) If the request is approved, please note that only one Letter of Guarantee can be issued by AIA Corporate Solutions.

PART I (To be completed by Insured Member)

A) Details of Policy

Name of Assured Company	Policy Number

B) Particulars of Insured Member (Patient)

Name of Insured Member (Patient)		NRIC/Passport No./FIN No.	
Date of Birth dd/mmm/yyyy	Gender M / F	Contact No.	Email
Date of Insurance Effective Date dd/mmm/yyyy	Nature of Illness/Injury	Nature of Operation (if any)	Date of Illness First Began / Accident Date dd/mmm/yyyy
Date of Admission / Surgery dd/mmm/yyyy		Name of Hospital	

C) Particulars of Employee (If not the Patient)

Name of Employee		Relationship to Insured Member (Patient)	
NRIC/Passport No./FIN No.	Date of Birth dd/mmm/yyyy	Date of Employment dd/mmm/yyyy	Date of Insurance Effective Date dd/mmm/yyyy

D) Declaration and Authorisation

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

a) I understand that when my dependant/s or I utilise the Letter of Guarantee, I will be responsible for settling any outstanding amount not payable under the Group Insurance Policy incurred by my dependant/s or myself.

b) I/We hereby authorize, agree and consent to AIA Singapore to request from any hospital, physician, person or organization, all information with respect to any illness, injury, medical history, and copies of all hospital or medical records concerning myself at any time and authorize the prior mentioned persons and organisations to disclose all such information to AIA Singapore.

c) I undertake to inform the above persons and organisations of my MediSave account, if I have one, for making payment of medical expenses incurred prior to the use of the Letter of Guarantee.

d) I/We consent to AIA Singapore, its associated persons/organisations, third party service providers and representatives, whether within or outside Singapore (collectively "**AIA Persons**") to collect, use, disclose, store, retain and/or process (collectively, "**Use**") all personal data and information ("**Personal Data**") provided to AIA Persons or that they possess about me/us, in the manner and for the purposes described in the AIA Personal Data Policy ("**PD Policy**") which is available on AIA Singapore's website.

I/We agree to accept the provisions in the PD Policy as amended from time to time. Where Personal Data of another person is disclosed by me/us, I/we confirm that I/we have obtained the consent of the individual concerned, except to the extent such consent is not required under relevant laws to collect, use and/or disclose such Personal Data. I/We waive (on my/our own behalf and on behalf of each such other person) any right to claim against any of the AIA Persons for any Use in the nature of or for the purposes described above or in the PD Policy. I/We will indemnify AIA Persons for all losses and damages if I/we breach these provisions.

Signature of Employee	Signature of Patient (if is a dependant)	Date (DD/MM/YYY)

PART II CERTIFICATE OF MEDICAL ATTENDANT (To be completed by Attending Doctor at Insured's expense if admission to private hospital)

A) Particulars of Patient	
Name	NRIC/Passport No./FIN No.

B) Particulars of Principal Doctor	
Name	MCR No:

C) Detail of Patient's Current Admission		
Hospital	Class of Ward A / B1 / B2 / C	Nature of Treatment *(Please tick accordingly)*: ☐ Inpatient ☐ Day Surgery
Planned Admission Date dd/mmm/yyyy	Planned Discharge Date dd/mmm/yyyy	Estimated length of stay (days): ☐ ICU: ☐ HDU: ☐ Normal ward:

Reason for admission:

ICD-10AM	**Diagnosis Description**	**Principal Diagnosis**	**Symptoms presented**	**1st consult date**	**1st diagnosis date**	**1st onset date of symptom(s)**
		☐		dd/mmm/yyyy	dd/mmm/yyyy	dd/mmm/yyyy
		☐				
		☐				

Is the principal diagnosis a result of any underlying medical condition? ☐ Yes ☐ No
If "Yes", please provide details.

Did the patient ever consult any other doctor(s) previously for the above condition? ☐ Yes ☐ No
If "Yes", please provide name and contact details of the doctor.

Is the patient's diagnosis/injury: ☐ due to accident ☐ an acute condition ☐ None of the two?
If it is due to 'accident', please provide details of the accident, including cause of the injury and anatomical site involved.

Is the treatment or condition due to / related to / as a result of any of the conditions listed below? If "Yes", please tick the relevant box(es).

☐ Congenital Anomaly/Physical defects from childbirth
☐ Mental / Psychiatric Disorder
☐ STD/HIV/AIDS related
☐ Abuse of drug/alcohol
☐ Self - inflicted injuries
☐ Pregnancy/Childbirth
☐ Miscarriage
☐ Abortion
☐ Infertility/sub - fertility
☐ Birth control/ Sterilisation
☐ Obesity/weight reduction
☐ Elective cosmetic/Plastic surgery/Dental
☐ Correction for refractive errors of eye
☐ General physical/medical exam
☐ Impotence test/treatment

D) Treatment details

Please advise treatment plan including tests and investigations for this patient.

If there is surgery, please complete section below.

Date of Operation	**Diagnosis for which procedure will be performed**	**TOSP Code**	**TOSP Description**	**Table (e.g.1A)**

E) Cost Estimation

(1) Surgeon's Fee:	(2) Anaesthetist's Fee:
(3) Doctor's Attendance fee: SGD _____ per visit for _____ days = _____	
(4) Room & Board *(Please tick where applicable and indicate number of days stay and charges)* □ ICU:_____ Day(s) □ HDU:_____ Day(s) □ Normal ward: _____ Day(s) Total Room & Board charges : S$	
(5) Estimated Hospital Charges: S$	**Total Estimated Bill Size (E1+E2+E3+E5): S$**

(F) Principal Doctor's Declaration & Signature

I represent and warrant that:

(a) I have personally examined and treated the Insured (i.e. patient) in respect of the medical condition described above and that the information stated above represent my genuine and honest opinion of his/her condition and my recommended treatment.

(b) the answers given above are true, accurate and complete to the best of my knowledge and belief and that no information has been withheld.

Name of Doctor: _____

Official Stamp of Hospital / Clinic

_____

Doctor's Signature / Date (dd/mm/yyyy)

Important Note For Insured Member:

1. Complete the Request for Letter of Guarantee (LOG) Form.
2. Submit the completed form to AIA for assessment.
3. Please be informed that the LOG facility is granted to the Policyholder which is your employer. Your employer reserves its rights to recover out of your remuneration (if it is entitled to do so) any amount that is paid under the LOG but is not covered by the Policy.
4. Please note that MediSave authorisation form needs to be duly signed at the hospital for MediSave deduction (if the Patient has a MediSave account) when you are using the LOG. Only the balance after deduction from Patient's MediSave account shall be billed to AIA Singapore.
5. Please note that the LOG cannot be used for outpatient treatment, hospitalisation outside Singapore and treatment for injuries/illness arising from any industrial accident.
6. The following are General Exclusions not covered under the LOG:
   - Conditions that existed prior to the effective date of insurance coverage
   - Self-destruction or intentional self-inflicted injury
   - Conditions related to psychological, emotional and mental conditions
   - Conditions related to drug addiction or alcoholism; Special nursing care, general physical or medical check-up, health screening
   - Injuries arising directly or indirectly from war
   - Dental treatment, cosmetic treatment, correction of eye refraction including myopia
   - Congenital anomalies
   - Procurement or use of special brace or garment, appliances or equipment. Non-medical services such as television, telephone, taxes (including GST), and the like.
   - Hospitalisation for the purpose of undergoing diagnostic test, x-ray examination or investigation (e.g. sleep study)
   - Conditions related to AIDS or HIV
   - Treatment related to birth control, infertility, pregnancy, childbirth except ectopic or non-elective miscarriage, treatment or surgical procedures required or recommended subsequent to consultations at Fertility clinics, In-Vitro Fertilisation clinics, Reproductive assistance clinics or centres, clinics or centres for Reproductive Medicine.