

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

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*
*If this authorisation is relating to a Letter of Guarantee requested by **You**, **Your** consent to disclose **Your** complete medical record is required.
- 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**.

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)

Date (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 CustomerService@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.



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
CustomerService@now-health.com

Other Now Health International Offices

Europe (Malta)

Now Health International Services (Europe) Limited
Dragonara Business Centre 5th Floor,
Dragonara Road, St Julian's, STJ 3141, Malta
T +356 2260 5110
CustomerService@now-health.com

United Kingdom

Now Health International (UK) Limited
Suite 2.3, Building Three, Watchmoor Park, Camberley,
Surrey, GU15 3YL, United Kingdom
T +44 (0) 1276 602110 | F +44 (0) 1276 602130
CustomerService@now-health.com

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
CustomerService@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
CustomerService@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
CustomerService@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).

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UAE

Arabia Insurance Company S.A.L.
c/o Now Health International Gulf Third Party Administrators LLC,
Unit 3701, Burj Al Salam Building, 3 Sheikh Zayed Rd,
PO Box 334337, Dubai, United Arab Emirates
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
CustomerService@now-health.com