Manulife

Clinical Abstract Application Form

WARNING: Pursuant to section 25(5) of the Insurance Act (chapter) 142: you are to disclose in respect to this application, fully and faithfully all facts which you know or ought to know, otherwise the policy may be void

A Policy Information

Policy Number: _____

B Authorisation Information

I hereby authorise you to furnish Manulife (Singapore) Pte Ltd with a copy of my detailed medical report for insurance purposes.

Name of Patient	NRIC/Passport No. of Patient:
Signature of Patient/Parent/Next-of-kin	Date (DD MM YYYY)

The information given above is accurate and true to the best of my knowledge, and that the requisite information is required for the sole purpose stated above. Further, I confirm that I shall not hold Manulife, its Representatives, medical providers or relevant third parties responsible in any way whatsoever for the release of the said medical information to any party by me in the event of any loss or damage arising directly or indirectly, as a result or in connection with the release of such confidential information.

If you wish to understand the list of purposes for which your personal data may be used or disclosed, you may refer to the Statement of Personal Data Protection located at our website (www.manulife.com.sg)