



### Clinical Abstract Application Form (CA1)

**Particulars of Life Assured**

Name : \_\_\_\_\_

Identity Card / Passport No. : \_\_\_\_\_ Contract No. : \_\_\_\_\_

**Authorisation**

**To : Doctor / Medical Officer-in-charge**

Clinic / Hospital : \_\_\_\_\_

Address : \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_ authorise you  
(Name of Patient / Parent / Legal Guardian) (NRIC / Passport No.)

to furnish **AVIVA LTD** with medical report(s) on \_\_\_\_\_  
(Name of Patient)

\_\_\_\_\_, who was treated at the clinic / hospital as a patient in the  
(NRIC / Birth Certification / Passport No.)

Department of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Admission Date) (Discharge Date)

\_\_\_\_\_  
Signature of Patient (if 21 years old & above);  
Otherwise, Signature of Patient's Parent / Legal Guardian

\_\_\_\_\_  
Signature of Witness

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship to Patient (who is below 21 years old)

NRIC / Passport No.: \_\_\_\_\_

Father     Mother     Legal Guardian

Address: \_\_\_\_\_

\_\_\_\_\_