REQUEST FOR RELEASE OF MEDICAL REPORTS

(To be completed by the Life Assured/Assured/Legal Guardian)

To: Aviva Ltd

Name of Life Assured :_____

Name of Assured :_____

Proposal No. /Policy No. :_____

Please complete as appropriate

I, _____ of NRIC/Passport No.* _____ hereby request and authorize Aviva Ltd to send below-mentioned medical reports/test results on Mr./Mrs./Mdm./Ms./Dr.* _____ of NRIC/Passport/BC No.* _____ to my correspondence address.

Please furnish copies of the medical reports/tests results (Please tick as appropriate):

- ☐ Blood Test
- ☐ Chest X-ray
- ☐ Exercise/ Stress ECG
- ☐ Resting ECG
- ☐ Urine Test
- ☐ Others: _____
  (excluding Medical Examination and Medical Attendant's Reports)

Please state your reason(s) for requesting copies of the reports.

_____

_____

_____

_____

_____

Declaration:

I/We understand and acknowledge that all medical examination reports are confidential and the abovementioned reports are being released to be used solely for the purpose of *seeking medical advice / personal records**. I/We declare and undertake that the documents and/or contents released will not be used for any other purpose without your prior written consent. Notwithstanding the reasons provided for my/our request, Aviva Ltd reserves the right to reject the request as it deems fit.

I/We, the Assured and/or the Life Assured, my/our personal representative(s)/estate or any person acting on my/our behalf, hereby undertake that I/We shall not commence, hold responsible or liable Aviva Ltd or any of its employees, servants, agents, advisers, reinsurers, panel doctors or any other independent contractors, whether under contract, tort or otherwise, for any losses or damages arising from or in connection with the requested documents or its contents, including the delivery or non-delivery of the requested documents.

Important Note:

An administration fee of S$100.00 and $50.00 will be charged for Concierge and Non-Concierge (including group insurance schemes) application respectively. Please attach cheque payable to "**Aviva Ltd**" together with this request. We will mail the medical reports to your correspondence address upon approval. Should your request be rejected, the cheque will be returned to you.

Signature of Assured	Signature of Life Assured/Parent/Legal Guardian*
Name: _____	Name: _____
Date: _____	Relationship to Life Assured: _____
	Date: _____

**Delete as appropriate*