Indemnity Form for Workmen Compensation (Form E)

This application for release of medical information is made to the institution of the National University Health System Pte. Ltd ("**NUHS**") group indicated below (the "**Institution**"). Please choose only one institution.

- ☐ Alexandra Hospital
- ☐ National University Hospital
- ☐ Ng Teng Fong General Hospital
- ☐ Jurong Medical Centre
- ☐ Jurong Community Hospital

The medical information released will only be for the Institution indicated, and the release of the medical information is subject to the approval of the Institution.

Notes:

- This Form must be completed and signed by an authorised representative of the Patient's Employer.
- The Patient must be a foreign worker and has left Singapore or has gone missing. For missing workers, please provide a copy of the Police Report.
- The Employer must provide a copy of MOM's letter and a copy of Work Permit to verify the Patient's identity.

Release of Medical Information of Foreign Workers to Employers

I, _____ NRIC No._____ am the authorised representative of the patient's employer (the "**Employe**r"), and hereby declare that the patient, _____ NRIC/FIN/HRN No. _____ (the "**Patient**"), who was formerly under our employment, is currently not in Singapore, and thus unavailable to provide consent for the release of his/her medical information. I also declare that the purpose of this request for medical information is solely for insurance claims, to obtain reimbursement for the medical bills incurred by the Patient, which the Employer has paid/will pay for the Patient (the "**Purpose**").

I further declare that the Employer undertakes to fully indemnify the Institution against all claims by the Patient or any third party against the Institution, which includes all costs and expenses (including legal and other professional costs) incurred by the Institution. in preserving and/or enforcing any of the rights under this Indemnity arising from the release of the medical information for the above-stated Purpose or in the event of a breach by the Employer of any of the provisions of the Personal Data Protection Act (No 26 of 2012) or any other relevant legislation or for fraudulently procuring Patient's medical information.

_____

Signature of Employer's Authorised Representative

Date:

_____

Name of Employer & Company Stamp

For missing foreign workers:

☐ I have enclosed a copy of the Police Report/ Notice for Cancellation of Work Permit (MOM) for the missing foreign worker