

INDEMNITY FORM FOR WORKMEN COMPENSATION

I, (Name as in *NRIC/Passport) _____ of Identification No. _____, am the authorised representative of the Patient's Employer, and hereby declare that the Patient, (Name as in *NRIC/Passport) _____ of Identification No. _____ who was formerly under our employment, is currently not in Singapore and is 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 above Patient, which the Employer has paid / will pay for the Patient (the "Purpose").

I further declare that we undertake to fully indemnify Woodlands Health, against all claims by the patient or any third party against Woodlands Health, which includes all costs and expenses (including legal and other professional costs) incurred by Woodlands Health 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 2012 or any other relevant legislation or for fraudulently procuring Patient's medical information.

Signature of Employer's Authorised Representative

Date

Name of the Employer/Company Stamp

*Delete where appropriate