



From Ng Teng Fong General Hospital
 Jurong Community Hospital
 Jurong Medical Centre

Indemnity Form (Form E)

Notes:

1. This Form must be completed and signed by an authorised representative of the Patient's Employer.
2. The Patient must be a foreign worker and has left Singapore.
3. The Employer must provide a copy of MOM's letter to verify that Patient has left Singapore.

RELEASING OF MEDICAL INFORMATION OF FOREIGN WORKERS TO EMPLOYERS

I, (Name) _____ of NRIC No. _____, am the authorised representative of the patient's employer (the "**Employer**"), and hereby declare that the patient, (Name) _____ of 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 National University Health Services Group Pte. Ltd. (*formerly known as Jurong Health Services Pte. Ltd.*) ("**NUHSG Pte. Ltd.**") against all claims by the Patient or any third party against NUHSG Pte. Ltd., which includes all costs and expenses (including legal and other professionals costs) incurred by NUHSG Pte. Ltd. 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

dd - mm - yyyy

Date

Name of the Employer