



- Admiralty Medical Centre
 Khoo Teck Puat Hospital
 Yishun Community Hospital

RELEASING OF MEDICAL INFORMATION OF FOREIGN WORKERS TO EMPLOYERS – FORM C

I, _____ of NRIC No. _____, am the authorised representative of the patient's employer, hereby declare that the patient, _____ of NRIC / FIN / HRN No. _____ who was formerly under our employment, is currently not in Singapore and 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 claim, to obtain reimbursement for the medical bills incurred by the above patient, which we have paid / will pay for the patient.

I further declare that we undertake to fully indemnify Yishun Health (Admiralty Medical Centre, Khoo Teck Puat Hospital and Yishun Community Hospital), against all claims by the patient or any third party against Yishun Health, which includes all costs and expenses (including legal and other professional costs) incurred by Yishun 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 (No. 26 of 2012) or any relevant legislation or for fraudulently procuring patient's medical information.

Signature of Employer's Authorised Representative

Date

Name of the Employer / Company's stamp