

Indemnity Form for Workmen Compensation (Form E)

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 "**Employer**"), 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 National University Hospital (S) Pte. Ltd. ("**NUH Pte. Ltd.**") against all claims by the Patient or any third party against NUH Pte. Ltd., which includes all costs and expenses (including legal and other professional costs) incurred by NUH 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

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