



# AUTHORISATION FORM

## WORK INJURY COMPENSATION AUTHORISATION FORM – INJURED EMPLOYEE

### AUTHORISATION FOR MEDICAL REPORT TO BE COMPLETED BY INJURED EMPLOYEE

I hereby authorise any hospital doctor or other person who has attended to me to furnish AIG Asia Pacific Insurance Pte. Ltd. or its representatives any and all information with respect to any sickness or injury, medical history, prescription or treatment and copies of all hospital or medical records. I agree that a photocopy of this authorisation shall be considered as effective and valid as original.

Date:

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Name:

NRIC / FIN / Work Permit No.:

Signature: