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| **REQUEST FOR LETTER OF GUARANTEE (LOG) BY STUDENT/ELIGIBLE SPOUSE/ELIGIBLE CHILD(REN)** |

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| **LETTER OF GUARANTEE (LOG) DECLARATION & CONSENT** |

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| Client/Company: **Nanyang Technological University**Policy No: **GMD18000021****Type of Entity (Please tick as follows):**  | Date:Matriculation Date: Expected End Date:  |
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| [ ]  Nanyang Technological University (Undergraduate, excludes Singaporean) | [ ]  Nanyang Technological University (Non-Graduating) |
| [ ]  Nanyang Technological University (LKCSoM) | [ ]  Nanyang Technological University (NIE) |
| [ ]  Nanyang Technological University (Graduate) | [ ]  Nanyang Technological University (NIEI) |

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| To: Raffles Health Insurance Pte LtdI would like to request for LOG to be issued for myself/eligible spouse/eligible child(ren). I am aware of the following:1. Letter of Guarantee (LOG) issued by RHI to Singapore Government Restructured Hospital is meant for full or partial wavier of hospital cash deposit in the event of hospitalisation and/or surgery.
2. The issuance of a LOG does not constitute as an approval on any claim/claim amount in respect to the hospital admission under our company plan.
3. Upon discharge from the hospital, Insured is required to email the Discharge Summary and any Pre and Post hospitalisation/surgery bills to claims@raffleshealthinsurance.com
4. Do note that the issuance of the LOG is subject to the policy terms and conditions.
5. RHI will revert on the outcome of our LOG request within 5 working days.
6. Attached the Financial Counselling Form and the referral letter (if any).

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| **PART A - STUDENT’S DETAILS** |
| NRIC /FIN No. Date of Birth:  |  | Name:   | Matriculation No. |
| **PART B - DEPENDANT’S DETAILS** |
| NRIC / FIN No.Date of Birth:  | Name:  | Relationship to Student [ ] Spouse\* [ ] Child\* |
| **PART C - DECLARATION** |
| I hereby authorise any hospital, physician or other person who has attended to me to furnish Raffles Health Insurance Pte Ltd or its representatives any and all information with respect to any sickness or injury, medical history, consultation prescriptions or treatment, copies of all hospital or medical records. I agree that a photocopy of this authorisation shall be considered as effective as the original. |
| Claimant’s (Student/Dependant) Email Address  | Claimant’s (Student/Dependant)Mobile/Telephone No. |
| Signature of Claimant’s (Student/Dependant) | Name & NRIC/FIN No of Claimant’s (Student/Dependant) | Date |