

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, _____ (Employer/Employer Rep Name) _____
(Employer/Employer Rep NRIC) am the authorised representative of the patient's employer (**the "Employer"**), and hereby declare that the patient, _____ (Patient Name) _____ (Patient NRIC/FIN/HRN Number) (**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 Alexandra Hospital ("**Alexandra Hospital**") against all claims by the Patient or any third party against Alexandra Hospital, which includes all costs and expenses (including legal and other professional costs) incurred by Alexandra Hospital 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.

I have also enclosed a copy of Notice for Cancellation of Work Permit by Ministry of Manpower as documentary proof for reference.

Acknowledgement:

Employer's Authorized Representative Signature: _____

Date: _____

Employer's Name and Company Stamp: _____

For Missing Foreign Workers:

I have enclosed a copy of the Police Report for the missing foreign worker.