

LETTER OF INDEMNITY

Please provide ALL information required on this form.

Full Name																
FIN No.																
Passport No.																

agrees to accept the following terms and conditions when using the Letter of Guarantee (LOG) issued by AXA Insurance Singapore Pte Ltd (AXA):

1. I will be responsible for the following:
 - (a) all expenses incurred for conditions which are excluded by the terms and conditions of the Policy,
 - (b) any interest charged by the Hospital if the full claim requirements are not submitted to AXA within 30 days from the date of discharge, and
 - (c) all eligible expenses incurred which exceeds the policy limit of S\$20,000 per policy year.

2. I will sign the Medisave Authorisation Form at the hospital (whenever applicable).

3. In the event that the charges incurred are not claimable under the policy for any reason, I will repay AXA within 30 days from the date that I was notified that the charges are not claimable under the policy.

E-mail Address		
Polytechnic	<input type="checkbox"/> Nanyang <input type="checkbox"/> Ngee Ann <input type="checkbox"/> Republic <input type="checkbox"/> Singapore <input type="checkbox"/> Temasek	
Matriculation	Student ID No.	Matriculation Date
Telephone No.	Singapore	Home Country
Address	Singapore	Home Country
Signature of Insured Person	Signature	Date