

Tenet Insurance Company Ltd

(A wholly owned company of Hwa Hong Corporation Limited)
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Company Registration No. 195700067Z <http://www.tenetinsurance.com>



MEDICAL CERTIFICATE OF TREATMENT (PERSONAL ACCIDENT) FORM

This form is to be completed by the Claimant's Medical Attendant whose replies should be as full as possible. No claim can be admitted unless a medical certificate is furnished at the expense of the claimant.

Medical Information Authority _____ Policy / Certificate No _____

I hereby authorise any hospital surgeon, medical practitioner or clinic or other person who has attended to me or examined me with respect to the below mentioned injury or sickness, to disclose to Tenet Insurance Company Ltd any and all information with respect to the injury or illness and, to provide to Tenet Insurance Company Ltd copies of all hospital or medical records, including prior medical history.

Employer's Signature/Company's Stamp/Date

Claimant's/Employee's Signature/Date

Name

Name

1. Name of Patient _____

2. Name of Employee / Member's Company _____

3. Name of Medical Establishment _____

4. Nature of Admission
Out-patient In-patient Day Surgery

5. Period of Admission
From _____ To _____

6. State Nature and Extent of Injury

7. What is the cause of injury? Are the symptoms from which he suffers due to:

- (i) the accident alone? Yes No
(ii) or are they traceable to any other cause? Yes No If yes, please give details.

8. Have you any reason to think the Claimant was otherwise than perfectly sober at the time of accident?

- Yes No

9. Are you aware of anything in his previous medical history which has contributed, directly or indirectly, to the occurrence of the accident, or which may be likely to retard in any way his recovery from it?

- Yes No If yes, please give details.

10. How long has the Claimant been unable to attend to his usual profession or occupation as a result of the accident referred to above?

- Unfit for duty From _____ To _____
Fit for light duty From _____ To _____

11. Is the claimant still unable to attend to his usual profession or occupation as a result of the accident?

- Yes No

If yes, please give approximate length of time the claimant will continue to be unable to attend to his usual profession or occupation.

- Unfit for duty From _____ To _____
Fit for light duty From _____ To _____

12. Has any permanent disability been suffered? Yes No

If yes, please state nature and percentage of disability suffered.

13. Was the claimant suffering from any existing physical defect or illness at the time of the accident?

- Yes No If yes, please state nature and percentage of disability suffered.

14. Describe surgical procedures or treatment rendered

15. Date surgical procedures or treatment was rendered

16. Is surgery for cosmetic reason? Yes No

17. Is surgery medically necessary? Yes No

18. Is patient still under your care for this condition? Yes No

If yes, state nature of treatment. If no, give date your service terminated.

Signature of Doctor/Surgeon

Name and Address of Clinic/Hospital (with chop)

Name and Title

Date

Please forward this form to

**Tenet Insurance Company Ltd
Claims Department
11 Collyer Quay
#09-00, The Arcade
Singapore 049317**