



### Medical Consent Form

Full Name of Life to be Insured (as shown in NRIC/Passport)	NRIC / Passport Number / FIN	Policy Number
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Dear Sir / Madam,

I hereby agree and authorise Etiqa Insurance Private Limited to apply for Attending Physician's Statement for further information regarding the Life to be Insured's application for life assurance.

Name of Doctor:	
Name of Clinic / Hospital:	
Address of Clinic / Hospital:	

Signature of Proposer:	Signature of Life to be Insured (if different from Proposer and age 16 or above)
Date	Date