



Medical Consent Form

Full Name of Life to be Insured (as shown in NRIC/Passport)

NRIC / Passport Number / FIN

Policy Number

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