EQ Insurance Company Limited
77 Robinson Road #12-01 Robinson 77 Singapore 068896
tel (65) 6223 9433 | www.eqinsurance.com.sg
reg no. 1978-00490-N

Disclaimer: By the issuance of Letter of Guarantee, it is not an admission of liability on the part of EQ Insurance Company Limited. The claim will be subjected to review by the Company once full claims documentation has been received and we reserve our rights to request for more documentary proof where necessary.

To Be Completed by Attending Doctor/ Surgeon

For Admission to Private Hospital, please complete all the section
For Admission to Government/Restructured Hospital, please provide Hospital Financial Counselling/Admission Forms.

Particular of Attending Doctor/ Surgeon

Doctor/ Surgeon		Referring Doctor	
Clinic Name		Clinic Address	

Details of Surgery/ Procedure

Hospital Name		Admission Date	
Date of Surgery		Estimated Length of Stay	
Surgical Procedure		Surgical Code TOSP	

Condition Requiring Treatment

Symptoms			
Diagnosis Date		Symptoms Apparent from	
ICD 10 Code		First Consultation Date	
Final Diagnosis of Illness or Extend of Injury			

a) Has this or any similar condition existed previously? If **YES**, please describe details and proceed to next question.

b) Any previous consultation, treatment, hospitalization for this illness/ injury? If **YES**, please provide details as below:

Date	**Details of Treatment**	**Name of Doctor**	**Hospital/ clinic contact details**

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Is the condition of patient due to or related to:		**If YES, please give details**
a) Congenital anomaly/ Genetic/ Chromosomal Disorder?	☐ Yes ☐ No	
b) Psychological, Mental or Emotional Disorder?	☐ Yes ☐ No	
c) Dental conditions or Cosmetic or Aesthetic?	☐ Yes ☐ No	
d) Pregnancy, childbirth, Sub-fertility or Infertility?	☐ Yes ☐ No	
e) Self-inflicted injury, Drug Addiction, Alcoholism?	☐ Yes ☐ No	
f) Sexually Transmitted Disease (STD), AIDS or condition related to HIV?	☐ Yes ☐ No	
g) Work Related Accident / injury?	☐ Yes ☐ No	

Cost Estimation

a) Surgeon Fee	SGD: _____	d) Ward Class	_____
b) Anesthetists Fee	SGD: _____	e) Room & Board (per day)	SGD: _____
c) Doctor's Attending Fee	SGD: _____	f) Hospital Charges (approx.)	SGD: _____

_____ **Signature of Treating Doctor & Official Stamp of Clinic/Doctor**	Name of Treating Doctor: Date: