

AIA Singapore Private Limited

Examination Service Fax Order Form

Date: _____

PRIVATE AND CONFIDENTIAL

To: **MEDIFAST (S) PTE LTD**

Tel: 6222 3373

Fax: 6222 0090

Mobile Services

In-Clinic Services

PART 1: INFORMATION OF THE AGENT

Full Name of Agent: _____ Agent Code: _____

Office Phone: _____ Pager / Mobile Phone: _____

Agency Name: _____ Agency Office / Location: _____

PART 2: INFORMATION OF THE LIFE TO BE ASSURED

Tick the appropriate boxes:

Proposal / Policy Number: _____

Name of Life To Be Assured: _____ Male
Surname(Underline) Given Name Female

Date of Birth: ____/____/____ NRIC/PASSPORT: _____
Day Month Year

Contact Number (Office): _____ (Home): _____ (Hp/Pg): _____

Preferred Examination Date & Time: ____/____/____ ____/____/____ ____/____/____
Day Month Year Time Day Month Year Time

Examination Address: **(Please tick where appropriate)**

(Mobile Services Only) _____

Nearest Intersection / MRT Station: _____

TAKE NOTE: A surcharge of \$15 will be imposed for areas not accessible by MRT or buses.
 A surcharge of \$10 will be imposed for areas accessible by private shuttle service (with scheduled time).

MediFast Medical Centre
 Novena Medical Centre, No. 10 Sinaran Drive, #11-27, 28 & 29, Singapore 307506

PART 3: TYPE OF SERVICES REQUIRED

Please attach Underwriter's Memorandum (if any)

Tick the appropriate boxes:

Department: U&I Group Credit Life POS Others

Paramedical Examination :

Blood Profile Test : BPA BPB BPC BPD
 BPE BPF BPG Other Blood Tests: _____

Urine FEME

Resting ECG

Other Tests (Please specify): _____

Special Instructions: _____

Signature of Agent/Agency Secretary: _____ Date: _____