

# TREATMENT GUARANTEE FORM

Please complete this form in **BLOCK CAPITALS**.

Treatment Guarantee is not required in advance of **emergency treatment**. However either you, your physician, one of your dependants, or a colleague must inform us about your admission to hospital **within 48 hours of the event**.

Our Helpline (inside Singapore: **800 353 1018** and outside Singapore: **+ 353 1 630 1301**) can take Treatment Guarantee details over the telephone if treatment is due to take place within 72 hours. Please have as much information as possible to hand when calling, including the contact details of your doctor.

**Section 1** must be fully completed by (or on behalf of) the patient

**Section 2** must be fully completed by the doctor

Failure to complete this form in full will delay us in guaranteeing your treatment because we may have to contact you or the medical provider for further information.

The patient's policy must be in force at the time of treatment. Please note that guarantee of payment is subject to the terms and conditions of the insurance policy. It is also subject to our assessment of all the relevant documentation we need in respect of this medical condition.

## 1 PATIENT DETAILS to be fully completed by (or on behalf of) the patient

Policy number

Mr.  Mrs.  Ms.  Miss  Other  First name

Surname

Date of birth  /  /

**Contact person:** please specify who we should contact regarding the progress of this Treatment Guarantee request

Name

Relationship to patient e.g. self, spouse/partner, parent

Telephone COUNTRY CODE  AREA CODE

Mobile telephone COUNTRY CODE  AREA CODE

Email

## WE CARE ABOUT YOUR PERSONAL DATA PROTECTION

Our Data Protection Notice explains how we protect your privacy. This is an important notice which outlines how we will process your personal data. You should read it before submitting any personal data to us. To read our Data Protection Notice, visit: [www.agcs.allianz.com/footer/privacy-notice.html](http://www.agcs.allianz.com/footer/privacy-notice.html). Alternatively, you can contact us on **800 353 1018** (if you call from inside Singapore) or **+ 353 1 630 1301** (if you call from outside Singapore) to request a paper copy of our full Data Protection Notice.

If you have any queries about how we use your personal data, you can always contact us by e-mail at: [dpo\\_sg@allianz.com](mailto:dpo_sg@allianz.com)

**Withdrawal of consent:** you have the right to withdraw consent to the collection, use or disclosure of your personal data in accordance with the Personal Data Protection Act 2012.

**Please tick to confirm I agree to the above data protection terms and conditions**

I agree to waive any rights that I may have to medical secrecy/confidentiality in respect of my medical information and I authorise my medical practitioner, health professional or other relevant medical establishment to provide relevant medical information about me, if requested by the insurer, its medical advisers or its appointed representatives, or to any third party expert(s) in case of disputes, subject to any legal restrictions which may apply.

**If a minor was treated, a parent or guardian should sign and date this section.**

Patient's signature \_\_\_\_\_ Date  /  /

## WE NEED YOUR CONSENT

In line with the General Data Protection Regulation (GDPR) and the Personal Data Protection Act, we need your consent to process your medical information and pay your medical expenses. If you haven't provided us with your consent, please access <https://my.allianzcare.com/myhealth/login>, login to MyHealth Digital Services and tick the required fields. Alternatively, you can download the Consent Form from [www.allianzcare.com/en/consent-form](http://www.allianzcare.com/en/consent-form). A paper copy is available on request. Please note that every member on the policy over 18 must provide their own consent.

The insurer is Allianz Global Corporate & Specialty SE Singapore Branch, address 12 Marina View, #14-01 Asia Square Tower 2, 018961, Singapore. Company Registration No. T11FC0131K.

This policy is supported by AWP Health & Life SA, trading as Allianz Care, a limited company governed by the French Insurance Code and acting through its Irish Branch. Part of the Allianz Group, AWP Health & Life SA is registered in France: No. 401 154 679 RCS Bobigny. Irish Branch is registered in the Irish Companies Registration Office, registered No.: 907619, address: 15 Joyce Way, Park West Business Campus, Nangor Road, Dublin 12, Ireland. AWP Health & Life SA provides administration services and technical support for the policy. Allianz Care and Allianz Partners are registered business names of AWP Health & Life SA.



