



**REQUEST FOR CASH PAYMENT / CHEQUE ENCASHMENT  
LETTER OF INDEMNITY (BY RECIPIENT)**

To : Patient Financial Services (Refund Section)  
Singapore General Hospital Pte Ltd  
Outram Road, Block 4 Level 1,  
Singapore 169608

In consideration of your agreeing to release to me the sum of \$\_\_\_\_\_ otherwise due and payable to my \_\_\_\_\_ (relationship), being the refund of the deposit paid to SGH on \_\_\_\_\_ (date), I, \_\_\_\_\_ (full name of Recipient), for Case / Invoice No. \_\_\_\_\_ hereby undertake and agree that I will at all times indemnify, defend and hold harmless Singapore General Hospital Pte Ltd (“SGH”) and its directors, employees and agents (collectively and individually referred to as the “Co-Indemnitees”) from and against all proceedings, suits, actions, claims, demands, which may be brought against SGH and / or the Co-Indemnitees and all monies and costs, expenses (including legal costs on a solicitor and client basis), losses, damage and any other liabilities of whatever nature which may be incurred or sustained by SGH and/ or the Co-Indemnitees or any one of them in connection with or arising out of the release of the said sum of \$\_\_\_\_\_ to me.

I further agree that the Co-Indemnitees are intended to be third-party beneficiaries of this letter of indemnity, each of whom may enforce, severally and in his/ her own right, this indemnity.

This letter of indemnity shall be in all respects governed by and construed in accordance with the laws of the Republic of Singapore.

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Date

Contact Nos : (HP)\_\_\_\_\_ (H)\_\_\_\_\_ (O)\_\_\_\_\_

Email Address : \_\_\_\_\_

Postal Address : \_\_\_\_\_