Restricted, Sensitive (Normal)



Tel: (65) 6222 3322 Fax: (65) 6224 9221 Singapore General Hospital Outram Road Singapore 169608 www.sgh.com.sg

Reg No 198703907Z

UNDERTAKING TO REFUND (THROUGH BANK ACCOUNT)

Doc. No.: 90300-FM-105 Ver No.: 7

1 - PARTICULARS OF PATIENT				
Name (As in NRIC/Passport)				HRN No: (Applicable to NR patients only)
Address in Singapore		Case / \	/isit Numb	per
	Tel. No.			
2 - PARTICULARS OF RECIPIENT (to be fill only if the recipient is not the patient)				
Name (As in NRIC/Passport)				
Address in Singapore				Relationship to Patient
Home Tel No.	Office Tel No. Handph		one No.	
3 - BANK ACCOUNT DETAILS				
Bank's Name		Branch		
Recipient's Account No.		Swift Code (If any)		
4 - DECLARATION				
I, (Patient's / Payor's)*, hereby authorise Singapore General Hospital Pte Ltd ("SGH") to pay the sum of \$ due and payable to me, to Mr / Ms The payment by SGH pursuant to this Undertaking shall be a complete discharge of SGH's obligations to pay the aforesaid sum to me.				
Signature (Patient / Payor) *			Date	
5 - FOR OFFICIAL USE ONLY				
Name & Signature of Witness Date				