



# AIG Asia Pacific Insurance Pte. Ltd. (AIG)

## Prior Agreement Authorization – Hospitalization

Hospitalization expenses will only be reimbursed by Henner-GMC, on behalf of AIG, if it has granted prior agreement to such hospitalization based on the information in this document, which must be completed by the attending Physician and sent by fax or email to:

**AIG Asia Pacific Insurance Pte. Ltd. (c/o Henner – GMC)**

Fax: +65 6751 5047

Email: [aig.apac@henner.com](mailto:aig.apac@henner.com)

This form must be submitted no later than 10 days prior to the date of hospitalization. In the event of a medically justified emergency, this form must be submitted within 3 days following admission. If Henner – GMC approves the hospitalization, it will issue, a guarantee of payment, on behalf of AIG, which will be sent directly to the designated hospital. Henner – GMC will notify the insured person in the event of a refusal.

Insured person's surname and first name:

IDNumber:

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Patient's surname and first name (if different from above): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_

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Is this application directly related to an accident? YES  NO

If so, please also attach a detailed report describing the circumstances of the accident.

### TO BE COMPLETED BY THE ATTENDING PHYSICIAN

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Proposed place of hospitalization (name of institution, address, telephone, fax, e-mail): \_\_\_\_\_

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Attending physician (name, address, telephone, fax, e-mail): \_\_\_\_\_

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Reason for the hospitalization / Clinical symptoms presented / Precise medical diagnosis (please include ICD code): \_\_\_\_\_

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Nature of the proposed operation and treatment program: \_\_\_\_\_

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Nature of any additional examinations to be carried out: \_\_\_\_\_

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Length of stay: \_\_\_\_\_

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Date of admission: \_\_\_\_\_ Number of days: \_\_\_\_\_ Is this an extension? (Y / N) \_\_\_\_\_

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Estimated cost of the hospitalization: \_\_\_\_\_

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Hospital charges - \_\_\_\_\_ Physician's fees - \_\_\_\_\_

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Other expenses (medicines, medical supplies, tests, scans, etc) - \_\_\_\_\_

Physician's signature and hospital/clinic stamp:

  
  
  

Date

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For queries, please call +65 6751 5271

Patient's signature:

  
  
  

I hereby authorize my Physician to send to Henner – GMC and AIG and all of their authorized agents, employees, consultants and service providers all the medical information required by AIG for making a decision on my claim.