

## LETTER OF INDEMNITY

Please provide ALL information required on this form.

<b>Full Name</b>																
<b>FIN No.</b>																
<b>Student ID No.</b>																

agrees to accept the following terms and conditions when using the Letter of Guarantee (LOG) issued by AXA Insurance Singapore Pte Ltd (AXA):

1. I will be responsible for the following:
  - (a) all expenses incurred for conditions which are excluded by the terms and conditions of the Policy,
  - (b) any interest charged by the Hospital if the full claim requirements are not submitted to AXA within 30 days from the date of discharge, and
  - (c) all eligible expenses incurred which exceeds the policy limit.
2. I will sign the Medisave Authorisation Form at the hospital (whenever applicable).
3. In the event that the charges incurred are not claimable under the policy for any reason, I will repay AXA within 30 days from the date that I was notified that the charges are not claimable under the policy.

<b>Telephone No.</b>	Singapore	Home Country
<b>Address</b>	Singapore	Home Country
<b>Signature of Insured Person</b>	Signature	Date