

## LETTER OF GUARANTEE

**BRIGHT VISION HOSPITAL (RN. 200105451R)**  
**5 Lorong Napiri**  
**Singapore 547530**  
(hereinafter referred to as "the Hospital")

In consideration of your agreeing at our request to admit for Hospitalisation and/or continue to provide medical services to

Name of patient: Mr/Mrs/Miss/Mdm\* \_\_\_\_\_

NRIC / Fin / Passport No: \_\_\_\_\_

(hereinafter referred to as "the Patient"), we hereby agree to pay on demand:

- All the Hospital's charges and expenses in full for such Hospitalisation and medical services.
- All the Hospital's charges and expenses in full for such Hospitalisation and medical services subject to a maximum amount of \$\_\_\_\_\_. We also undertake to procure and ensure that the Patient either pays to the Hospital the relevant deposit as determined by the Hospital or signs a Medisave Authorisation form authorizing the Hospital to submit a claim from the Patient's Medisave account to the CPF Board.

We acknowledge and agree that nothing herein shall be construed to oblige the Hospital to accept this or any other letter of guarantee from us on this or any other occasion.

### OTHER RELLEVANT INFORMATION

Industrial Accident: YES / NO \*

Class of Entitlement: B2

Policy Holder Name: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_

Signed By  
Name: \_\_\_\_\_

Designation:  
(Manager and above) \_\_\_\_\_

Contact No: \_\_\_\_\_

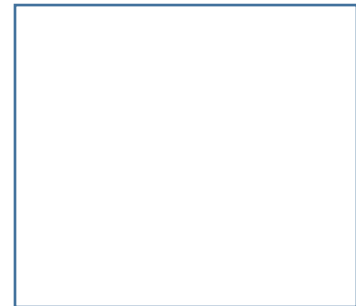
Duly authorized to sign for  
and on behalf of: \_\_\_\_\_  
Name of company/firm/sole proprietorship\*

Registration Number: \_\_\_\_\_

Date: \_\_\_\_\_

Company's GST Reg. #: \_\_\_\_\_

**Affix Company stamp with address**



\*Please delete accordingly

Please tick the applicable options.