



TOKIO MARINE

### REQUEST FOR MEDIFAST'S MOBILE PARAMEDICAL SERVICE

KINDLY COMPLETE IN BLOCK LETTERS AND INK. UPON COMPLETION OF DETAILS BELOW, PLEASE FAX TO: 6222-0090 OR EMAIL TO: [paramedic@medifast.com](mailto:paramedic@medifast.com)

TEL NO. 6222-3373 CONTACT PERSON: MS. SAODAH

INDIVIDUAL PROPOSAL       GROUP INSURANCE      Proposal No :

NAME OF ASSURED\* :

\* For Group Insurance, this refers to the Company Name

#### (1) INFORMATION OF THE ADVISER (IF APPLICABLE)

Adviser's Full Name :	<input type="text"/>	Adviser's Code No. :	<input type="text"/>
Name of Agency / Company :	<input type="text"/>	Mobile Phone :	<input type="text"/>
Office location :	<input type="text"/>	Office Phone :	<input type="text"/>

#### (2) PARTICULARS OF THE LIFE TO BE ASSURED

Full name as shown on NRIC/Passport - please underline surname

\*Mr/Mrs/Mdm/Miss/Dr  Sex  Male  Female

NRIC / Passport No.	Date of Birth Day Month Year	Age next birthday	Contact No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address for Paramedical Exam  Office   
Home

Nearest Intersection / MRT station\*\*

\*\* For areas not accessible by MRT or buses, a surcharge of \$15 will be imposed. For area accessible by private shuttle service (with scheduled time), a surcharge of \$10 will be imposed.

#### (3) TYPE OF SERVICES REQUIRED (Please tick the boxes accordingly)

IMPORTANT: Please attach Tokio Marine Life Insurance's Memorandum of Outstanding Requirements

<input type="checkbox"/> Paramedic Examination	<input type="checkbox"/> Resting ECG	<input type="checkbox"/> Microscopic Urinalysis	<input type="checkbox"/> Prostate Specific Antigen (PSA)	<input type="checkbox"/> 3 Blood Pressure Readings	<input type="checkbox"/> Urine Cotinine
Tokio Marine Life Blood Profile :					
<input type="checkbox"/> BP'A*	<input type="checkbox"/> BP'B*	<input type="checkbox"/> BP'C'	<input type="checkbox"/> BP'D'	<input type="checkbox"/> BP'E'	<input type="checkbox"/> BP'F'
<input type="checkbox"/> BP'G'	<input type="checkbox"/> BP'H**	<input type="checkbox"/> BP'I'	<input type="checkbox"/> BP'K*	<input type="checkbox"/> BP'L'	
* Examinee must fast for at least 10 hours. Plain water is allowed.					
** HIV Test - HIV consent form to be signed by the examinee					
<input type="checkbox"/> Others, please specify :					
Special Instructions / Remarks				overweight / fine vein / phobia of blood taking	
Preferred Exam Date & Time <input type="text"/>					

Signature of Adviser / Tokio Marine's Underwriter

Date (dd/mm/yyyy)

#### FOR OFFICE USE ONLY (MEDIFAST STAFF):

Attended By :

Confirmed By :

Date

Date (dd/mm/yyyy) :

(dd/mm/yyyy)