Student Medical Insurance Declaration Form

Date:

Student Medical Insurance Declaration

I,____________________ (Name of student), ________________ (identification number) hereby confirm that my medical insurance, policy no ________________, insured with __________________________ (insurance agency) has the following minimum coverage and is valid throughout the whole course duration:

1. Annual limit not less than S$20,000.00;
2. At least B2 ward (in government and restructured hospitals);
3. 24 hours coverage in Singapore and overseas (for school related activities).

Verified by:

_________________________  __________________________
Student Signature        Officer Name/Signature