



## 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