



Acknowledgement Form: Personal Accident and Hospitalization Plan

I, _____(Full Name), _____(Last 4 digit of NRIC) hereby acknowledge and confirm that I have obtained a Personal Accident and Hospitalization Plan as emphasized by Handball Federation Singapore (HFS) for my participation in handball activities and events organized or sanctioned by HFS.

Please check the appropriate box below:

- I confirm that I have a Personal Accident Plan.
- I confirm that I have a Hospitalization Plan.

I understand that it is my responsibility to maintain valid Personal Accident and Hospitalization Plan coverage throughout my involvement with HFS.

I have read and understood the importance of having Personal Accident and Hospitalization Plans as emphasized by HFS, and I agree to comply with these requirements.

Full Name & NRIC (Last 4 digit):

Signature & Date:
