

Consent to Insurance Adjuster Access to Personal Documents

I, _____, residing at _____, hereby give my voluntary and informed consent to the designated insurance adjuster, _____, and their representatives, to access, review, and obtain copies of the following personal documents solely for the purpose of processing and verifying my insurance claim:

- Identification documents
- Medical records related to the claim
- Financial statements relevant to the claim
- Property ownership or damage documents
- Other claim-related documentation

I understand that this consent is limited to documents pertinent to my claim, and that my information will be handled in accordance with applicable privacy laws and regulations. This consent remains valid until the completion of my claim or until I provide written withdrawal of my consent.

Signature: _____

Print Name: _____

Date: _____