

# Authorization for Data Sharing with External Parties

## Accident Insurance

Name of Insured Person

Policy Number

Date of Birth

Contact Number

External Party (Name/Organization)

Purpose of Data Sharing

Scope of Data to be Shared

## Authorization Statement

I hereby authorize the release and sharing of my accident insurance-related data with the external party identified above, solely for the purpose described. I understand that this authorization is voluntary and that I may revoke it at any time by notifying the insurer in writing. I acknowledge that data shared may no longer be protected under the insurer's privacy policy once released to the external party.

Signature of Insured Person

Date