

Authorization to Disclose Insurer Information

Personal Accident Policy

Policyholder's Full Name:

NRIC/Passport No.:

Contact Number:

Policy Number:

Insurer Name:

To Whom Information Is Disclosed:

I, the undersigned, hereby authorize and give consent to the above insurer to disclose, furnish, and release any and all information pertaining to the above Personal Accident Policy to the party named herein for the purposes of claim processing, verification, or related administrative matters.

This authorization is valid unless revoked by me in writing.

Signature of Policyholder:

Date:
