

Consent Agreement for Information Sharing

Accident Insurance Claims

Parties

Insured Person: _____
Insurance Company: _____

Purpose

This agreement authorizes the sharing and exchange of relevant information necessary for the administration and assessment of accident insurance claims.

Scope of Consent

I hereby consent to the collection, use, and disclosure of my personal, medical, and claim-related information by the insurance company for the purpose of investigating, evaluating, and processing my accident insurance claim.

I understand that such information may be obtained from or shared with, as relevant and necessary for claims processing, the following:

- Healthcare providers and medical institutions
- Other insurers and reinsurers
- Employers or relevant third parties
- Legal or regulatory authorities if required by law

Duration

This consent remains valid for the duration required to process and finalize my claim, unless otherwise revoked in writing.

Acknowledgment

I confirm that I have read, understood, and voluntarily agree to the terms stated above regarding the sharing and processing of my personal information for accident insurance claim purposes.

Name of Insured Person:

Signature:

Date:
