

Consent for Communication of Personal Accident Insurance Information to Third Parties

Purpose:

I, the undersigned, hereby consent to the disclosure and communication of my personal accident insurance information to authorized third parties, as detailed below, for the purpose of processing claims, verifying policy details, and facilitating related insurance services.

Details of Consent:

- **Information to be Disclosed:** Personal details, policy information, claim records, and any other related information required for the above purpose.
- **Recipients:** Insurance agents, third-party administrators, reinsurers, healthcare providers, legal consultants, and any government or regulatory authority as may be reasonably required.
- **Duration of Consent:** This consent remains valid for the duration of my policy and claim process, unless revoked by me in writing.
- **Right to Withdraw:** I understand that I may withdraw this consent at any time by informing the insurance company in writing. However, such withdrawal may affect the provision or processing of insurance-related services.

Declaration:

I confirm that I have read and understood the contents of this consent. I provide this consent voluntarily and declare that the information provided above is true to the best of my knowledge.

Name:

Signature:

Date:

Witness Name:

Witness Signature:

Date:
