

# Insured Individual Information Release Form

Please fill out the details below to authorize the release of your information for accident coverage processing.

## Insured Individual Details

**Full Name**

**Date of Birth**

**Policy Number**

**Phone Number**

**Address**

**Email Address**

## Accident Information

**Date of Accident**

**Location of Accident**

**Brief Description**

## Information to be Released

**Medical Records**

**Accident Report**

**Claim History****Other (specify below)**

If 'Other', please specify

**Authorization**

**By signing below, I authorize the release of my information for the purpose of accident coverage claim processing. I confirm that all information provided above is accurate and complete.**

**Signature**

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**Date****Printed Name**