

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

Date

Printed Name