

# Personal Accident Policyholder Information Disclosure Consent Form

## Policyholder Information

Full Name	<input type="text"/>
Date of Birth	<input type="text" value="YYYY-MM-DD"/>
Policy Number	<input type="text"/>
Contact Number	<input type="text"/>
Address	<input type="text"/>

## Consent

I hereby consent to the collection, use, and disclosure of my personal information by the insurer for the purpose of policy administration, claims processing, and as required by law. I acknowledge that I have read and understand the purpose and nature of this disclosure.

## Declaration

I declare that the information provided above is true and accurate to the best of my knowledge.

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Policyholder's Signature

Date

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Witness Name & Signature

Date