

Personal Accident Policyholder Information Disclosure Consent Form

Policyholder Information

Full Name

Date of Birth

YYYY-MM-DD

Policy Number

Contact Number

Address

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.

Policyholder's Signature

Date

YYYY-MM-DD

Witness Name & Signature

Date

YYYY-MM-DD