

Policyholder Consent to Share Accident Insurance Data

I, the undersigned policyholder, hereby give my consent to

(Insurance Company) to disclose, share, or otherwise provide access to my accident insurance data as described below to the following authorized parties:

Policyholder Name:

Policy Number:

Authorized Parties (Name/Organization):

Purpose of Data Sharing

The data may be shared solely for the following purpose(s):

Scope of Data Being Shared

The data to be shared may include details regarding accident events, claims, and other related insurance information as deemed necessary for the purpose outlined above.

Consent & Authorization

I understand that this consent is voluntary and may be revoked by me at any time by providing written notice to the insurance company. Such revocation will not affect any disclosures made prior to receipt of the revocation.

Signature:

Date:
