

# Third-Party Disclosure Consent

## Personal Accident Insurance

I hereby consent to the disclosure of my personal, medical, and claim-related information to third parties as required by the insurer in respect of the Personal Accident Insurance policy.

### Purpose of Disclosure

- To assess, process, and settle any claims submitted by or on behalf of the insured.
- To comply with legal and regulatory requirements as imposed on the insurer.
- To facilitate communication between the insurer and third-party service providers, including but not limited to medical professionals, loss adjusters, reinsurers, and legal advisors.

### Information That May Be Disclosed

- Personal identification and contact information
- Medical and health records relevant to claims assessment
- Details pertaining to the insurance policy and claim status

### Consent

I understand that this consent enables the insurer to effectively verify, validate, and settle my claims under the Personal Accident Insurance policy. I acknowledge that this consent applies to all such disclosures necessary for the administration of my policy and the processing of my claims.

### Duration

This consent shall remain valid for as long as it is required to fulfill the stated purposes above unless revoked in writing by me.

### Declaration

I confirm that I have read and understood the nature and purpose of this disclosure. I voluntarily grant my consent for the disclosure of my information by the insurer as outlined in this document.

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Signature:

Name:

Date:

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Witnessed by:

Name:

Date: