AIA Thailand
AIA Tower 181 Surawongse Road,
Bangrak, Bangkok 10500
AIA Call Center 1581
aia.co.th

Letter of Consent

I hereby give consent to the physicians, hospitals, other insurance companies or related persons who have my (or the insured's) personal data, health data and medical history to fully disclose my (or the insured's) health data, illness and symptoms diagnostic results, and medical history including records related to mental health conditions, to AIA Company Limited (the "Company'), the Company's life insurance agents, or the Company's representatives for applying insurance, payment under insurance policies or any actions related to the insurance policies.

I hereby acknowledge that the Company will collect, use and disclose my (or the insured's) personal data, health data and medical history, as aforementioned, whether in print or electronic form, to the competent authority or the reinsurance company, the related persons, the Company's life insurance agents, personnel or representatives for the purposes specified in the Personal Information Collection Statement via the QR code below.

In addition, the copy of the Letter of Consent shall be as effective as the original in all respects.

I hereby fully and thoroughly acknowledge and understand the terms and conditions of the Company hereunder, which concur in the proper manner of the intention and purposes of my consent to the Company in all respects.

Please note some hospitals or healthcare facilities may have policies requiring the data subject to confirm their consent. You may be contacted to verify this consent before your information is disclosed to the Company. If you cannot be reached, your agent may be contacted instead.

Signature..... Grantor Tel.....
(.....) Policy No. .....

As ☐ Insured ☐ Premium Payer
☐ Legal representative /Statutory heir ☐ Beneficiary
☐ Administrator of the estate of.....

Signature..... Agent/Witness Signature..... Witness
(.....) (.....)
Tel..... (For Agent only)

Signature..... Data requestor/Grantee
(.....)

คำแถลงว่าด้วยการเก็บรวบรวมข้อมูลส่วนบุคคล

*The beneficiary can sign only in the case of a death claim.
This form is for the first year of business, renewal, revision and claim.