

**AIA Thailand**

AIA Tower 181 Surawongse Road,

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AIA.CO.TH

**Letter of Consent**

I hereby request and 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, whether in print or electronic form, in the past or future, to fully disclose my (or the insured's) health data and medical history 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 consent the Company to collect, use and disclose my (or the insured's) personal data, health data and medical history, whether in print or electronic form, to the competent authority or to the reinsurance company, the related persons, the Company's life insurance agents, personnel or representatives for applying insurance, payment under insurance policies, policy revision or renewal, medical use or for any action related to the insurance policies.

In addition, the copy of this 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.

Signature\_\_\_\_\_Grantor

Tel\_\_\_\_\_

(.....)

As ☐ Insured ☐ Premium payer Policy No. \_\_\_\_\_☐ Legal representative/ statutory heir ☐ Beneficiary ☐ Administrator of the estate

Of\_\_\_\_\_ Policy No. \_\_\_\_\_

Signature\_\_\_\_\_Agent/Witness

Signature\_\_\_\_\_Agent/Witness

(.....)

(.....)

Signature\_\_\_\_\_Data requestor/ Grantee

(.....)

\*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.



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