

**Letter of Consent and Authorization to
 Medical Report Request**

I, age years, address

As has received medical checkups and treatments at this medical facility and the patient has taken a life insurance from South East Life Insurance Public Company Limited, it is necessary for the Company to be informed of the details and history of sickness from the doctor in charge. With this letter, I, whose relationship is according to the document attached herewith as evidence, hereby consent to the hospital, doctor, clinic, institution, or any person providing various details or making a copy of all medical report history of to South East Life Insurance Public Company Limited or a representative of the Company, and being authorized to process the information request of the Company on my behalf in order for such information to be used in the consideration of compensation correctly and fairly.

In addition, a photocopy of this Letter of Consent and Authorization to Medical Report Request shall be deemed as effective and complete as the original.

Yours Respectfully

.....
 (.....)

Beneficiary or Insured Heir

Sign

.....Witness/Agent

(.....)

Sign

.....Witness/Agent

(.....)

Please attach a copy of the ID card of the beneficiary/heir of the insured and certified true copy.

