

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

I, age years, address

Hereby consent to the hospital, doctor, clinic, institution, or any person providing various details or making a copy of all medical report history of mine to South East Life Insurance Public Company Limited 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

Sign

.....

(.....)

Witness/Agent

Sign

.....

(.....)

Insured Person/

User of parental power of the insured

(in case the insured is underage)

Please attach a copy of the ID card of the Insured and certified true copy.