

Letter of Consent

I consent for doctors or other insurance companies, relevant person, or medical facilities that carries my health records in the past or future to disclose facts to the Company or the Company's representative for the purpose of applying for an insurance or payment according to the policy. I consent for the Company to collect, use, and/or disclose facts for the purpose of insurance application or payment according to the policy or for medical benefits. In addition, a copy of this letter of consent is deemed as enforceable as the original.

In case of claiming for compensation through a hospital or the insured's ID card or Fax Claims Service, I consent and agree for the Company to pay for medical treatment expenses to the hospital where I am admitted for treatment and it shall be considered as if the company had duly paid compensation for medical expenses to me in accordance with the terms and conditions of the insurance policy. In this regard, any additional medical expenses not covered by the insurance policy, I shall settle directly with the hospital, and I fully understand that the Company reserves the right under the agreement in the hospital payment scheme. If it is found that my illness or accident is under the exclusion conditions of the policy and the Company has initially given consent to my admission to the hospital, in the event that the Company has made an advance payment for medical expenses to the hospital on my behalf, I agree to repay the total amount to the Company within 7 days from the date of receiving the notice.

I have fully been informed and understood the terms, conditions and practices of the Company according to this document completely, and see that it is correct according to my intention, therefore, I agree to be bound by the terms and conditions of the Company in every respect.

Note: In the event that the claimant under the insurance contract does not strike through or conceal the information on their religion or blood group that appears on the copy of the ID card or passport copy, the Company shall strike through or conceal information to protect any sensitive information.

Sign

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(.....)

Insured Person

Sign

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(.....)

Person giving consent as a rightful representative /  
User of parental power of the insured  
(in case the insured is underage)