

LETTER OF CONSENT



At

Date..... Month..... Year.....

I (Mr./Mrs./Ms)..... Age.....years having Identification/Government Official ID Number..... consent indefinitely to Allianz Ayudhya Assurance Pcl, (“the Company”) and/or individuals and/or juristic persons appointed by the Company to collect, use, update and disclose both inside and outside Thailand regarding my personal data and/or..... (Insured or Payer’s name) kept with the Company. I also consent to the physician or medical service providers where the information owner was treated including any other related entities to disclose the above-mentioned personal data according to the actual fact, and agree to allow the individual and juristic persons as mentioned earlier and the Company to copy, duplicate or request for a certification of information in order to benefit for insurance or reinsurance or claim payment or other benefits according to the terms and conditions stated in an insurance policy or any transaction relating to insurance of the information owner, including any after-sales services or sales promotions or compliance with laws or orders of the Government, Government Agencies or Government Officers. I shall not exercise my right to revoke the aforementioned consent. Any action of the Company and/ or authorized person, or individuals appointed by the Company, which has been conducted under the scope of this letter of consent, is bound to me legally and deems to act on my behalf in all respects. I also undertake that the copy of this letter of consent shall be enforced as if it is the original copy in all respects.

I hereby, fully acknowledge and understand all the above statements, which concur in the proper manner of the intention and purpose in all respects of my consent. I affix my signature herewith in the presence of the witness.

Signature.....Consent Giver

(.....)

Signature.....Agent/ Broker

(.....)

Signature.....Witness

(.....)

Signature.....Authorized Person of the Company

(.....)