

# Letter of Consent and Authorization



Written at.....

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

I (Mr. Mrs. Ms.).....Age.....years,  
as a statutory heir/beneficiary/legal representative of beneficiary under the insurance policy of.....  
The insured, hereinafter referred to as "the deceased" hereby authorize **FWD Life Insurance Public Company Limited** to copy, duplicate or request for a certification of inpatient and outpatient medical records or other medical records relating to all types of medical conditions, including diagnostic test results, X-ray analysis, blood test, saliva testing or physical examination to find the cause of diseases, including all medical expenses from physician(s), clinic(s), government hospital(s), private hospital(s) or health center(s) which the deceased was admitted to, including the deceased's personal history and any government documents which related to the deceased from individual person, juristic person or any government agencies. And the Company has the right to act on my behalf until the related processes are completed.

As for all actions mentioned above, I wish and give consent to physician(s) and/or medical professions of clinic(s), government hospital(s), private hospital(s), health center(s) or any government agencies to disclose the deceased's entire medical record and document(s) for the purpose and benefit of the filing a death claim under the deceased's insurance policy with **FWD Life Insurance Public Company Limited**.

If I and/or the deceased should suffer an any damage, whether directly or indirectly, I give up my right completely to blame or sue or claim compensation from physician(s) and/or medical professions of clinic(s), government hospital(s), private hospital(s), health center(s), or any government agencies which has been disclosed or conducted under the scope of this letter of consent. Any action of the authorized person under the scope of this letter of consent is bound to me legally and deems to act on my behalf 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.....Grantor/Consent Giver  
(.....)

Signature.....Authorized person  
(.....)

Signature.....Witness/Insurance Agent  
(.....)

Signature.....Witness  
(.....)