

Written at	
Date	

Power of Attorney and Consent for Medical History Disclosure

- Jurname of msu	тапсе аррисант / шѕигеа			
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ng at house No	Tambon/Subdistr	ict Amphoe/Dist	rict	Province
d/Passport No		acting as		
	Insurance applicant or insured			
	Legal representative or legal gu	uardian of insurance applicant or insured	l (In case an insurance app	licant or an insured is a minor)
	Legal heir or guardian or curato	or of insurance applicant or insured		
	Declar	ation and Authorization of Medical Histo	ry Disclosure	
I, as stated a	bove, give consent to the physic	ian(s), medical center(s) or relevant per	son(s) who has Personal D	Pata, health information and medic
		nformation pertaining to the insured's d		_
		nts of the Company or employees of th from attending physician(s) or hospital		
	•	rrom actions in all respects. A copy of t	.,	,
		Declaration of Personal Data Disclosure		
_	_	ance Public Company Limited ("Compa		
-		tion to authorize the contact to receive t includes disclosure of such Sensitive Da		
		e Company and the agencies to collect a		
=		any operations regarding insurance poli		
Lacknowledge	e that by not giving consent and h	by changing the scope of consent, withdo	awing consent, objecting.	requesting for erasure or destruction
_		eing unable to manage or take any nece		· -
olicy benefit paym	ent. In this regard, I have already	acknowledged the Company's Privacy F	Policy on www.muangthai.	co.th/th/privacy-policy. In this regar
		itutes that I have given explicit consent	to collect, use and disclos	e the Personal Data according to th
ses specified abov	e. Hereby, I have signed as evide	nce thereof.		
				Scan for details of Priv
Sign		Personal data provider/Grantor	Sign	Grantee
()	()
Sign		Witness	Sign	Witness
()	()

- *2. In case of a minor (not over 10 years old), a father/mother/legal guardian is required to sign and specify the relationship
- *3. In case of a minor (over 10 years old but less than 20 years old), a father/mother/legal guardian is required to sign together with the minor and specify the relationship.

โทย LSCL PDPA เริ่มใช้ 01062564 2-02-05-2419

Suggestions in Filling the Form

The grantor giving authorization and consent to disclose medical treatment history has to fill in personal information and sign all documents.

The grantor giving authorization and consent to disclose medical treatment history comprises:

- Giving authorization and consent to disclose medical treatment history as an insurance applicant/insured
 - In case an insurance applicant/insured is not a minor: Give authorization and consent by themselves
 - In case an insurance applicant/insured is a minor:
 - : In case of a minor (not over 10 years old), a legal representative or legal guardian of the insurance applicant/insured such as father, mother or legal adopter of the insurance applicant/insured shall give authorization and consent on the minor's behalf.
 - : In case of a minor (over 10 years old but less than 20 years old), a legal representative or legal guardian of the insurance applicant/insured such as father, mother or legal adopter of the insurance applicant/insured shall jointly give authorization and consent together with the minor.
- Giving authorization and consent to disclose medical treatment history as an heir of the insured
 - The legal heir of the insured such as father, mother, spouse, child (sui juris) shall give authorization and consent to disclose medical treatment history.