

Date:

TO WHOM IT MAY CONCERN

Dear Sir/Madam

CONSENT ON RELEASE OF INFORMATION

I, _____ (Claimant) with NRIC No. _____
of _____ hereby
authorize Zurich Life Insurance Malaysia Berhad to obtain any records or knowledge of
_____ (Insured) with NRIC _____ on his
health information from any physician, hospital, clinic, insurance company or other
organization, institution or person. The said information is required in connection with an
insurance claim. With this I release the said physician, hospital, clinic, insurance
company or other organization, institution or person and its staff from all legal
responsibilities and liabilities that may arise from the act hereby authorized.

Thank you.

Yours faithfully

(Signature / Thumb Print)

(.....)

Witnessed by :-

Signature :

Name : _____

NRIC No. : _____