

Consent Form

From:
Patient's Name and address:

To:
Whomsoever it may concern: (hospital/doctor)

Sirs,

I here by authorize THE NEW INDIA ASSURANCE COMPANY LTD.
representatives free and unlimited access to seek medical information (Indoor case
papers, reports, documents, including photocopies thereof / pertaining my,
admission / treatment) from any hospital / medical practitioner from which or whom
deceased had at any time sought medical attention concerning any disease/
sickness, ailment or injury.

Thanking you,

Yours faithfully,

Nominee to sign

Signature.