



Sign _____ Complainant

Submitted on Date _____

(Staff's Signature _____)



Consent for Collection, Use or Disclosure of Personal Information

I and/or my legal guardian give consent to the Company to collect, use and process above-mentioned personal information (as well as the information to be given to the Company in the future such as from a conversation record between a complainant and the Company) (“Personal Information”) for the purpose of complaint consideration. I give consent to the Company to disclose Personal Information of me and/or the person under my guardianship (as the case may be) to the Company's vendors or service providers, reinsurance companies and agencies in authorities to use and process the Personal Information for such purposes in accordance with the Company's Privacy Policy.

I give consent to the Company to collect and use Personal Information, health information, disability, religion, race, medical record, and claim record of me and/or the person under my guardianship (as the case may be), both provided above at present and in the future such as from a conversation record between a complainant and the Company (collectively referred to as “Sensitive Personal Information”). This consent also includes disclosure of such Sensitive Personal Information as necessary to executives, employees and life insurance agents of the Company, life insurance brokers, banks, reinsurance companies, other insurance companies, medical centers, group insurance policyholders, the Thai Life Assurance Association (TLAA), units with duty to collect/pay policy benefits, government agencies, agencies and commissions which are responsible for law enforcement or legally registered, state agencies or regulators, the Company’s business partners, foundations, and the Company’s vendors or services providers, to allow the Company, persons and agencies to collect and use the Sensitive Personal Information as necessary and required by law for the purpose of complaint consideration which benefits the insurance applicant/insured and/or beneficiary.

I give consent to the Company to collect, use, process or disclose current or future health record and claim record of me and/or the person under my guardianship that have been disclosed by physicians, other insurance companies, medical centers or any persons who have legally collected my Personal Information for the same purpose as mentioned above.

In the event that I give Personal Information of other persons to the Company such as beneficiaries, premium payers, family members, close relatives, or other individuals for the purposes specified above, I act as a Data Controller of such persons and I certify that I have received consent from them to disclose the Personal Information to the Company and they give consent to the Company to collect, use and disclose the Personal Information according to the purposes specified above.



I acknowledge that by not giving consent and by changing the scope of consent, withdrawing consent, objecting, requesting for erasure or destruction of Personal Information, it may result in the Company being unable to manage or take any necessary action on the insurance contract and may affect underwriting, services and policy benefit payment. In this regard, I have already acknowledged the Company's Privacy Policy on www.muangthai.co.th/th/privacy-policy, and therefore agreed to give consent.



A photocopy as well as electronic information shall have the same effect as the original.

(Sign) _____ Applicant (If not over 10 years old, a father/mother/legal guardian must sign on behalf of the applicant.)

(_____)

Date.....

(If over 10 years old but less than 20 years old, a father/mother/legal guardian must sign this section.)

In this regard, my father/mother/legal guardian agrees and consents me to give the consent.

(Sign) _____ Father/Mother/Legal Guardian

(_____)

Date.....