



Great Eastern Life
We take care of you for life

LETTER OF AUTHORISATION/CONSENT

To obtain further information (for Total & Permanent Disability Benefits claim)

To Whom It May Concern

Dear Sir/Madam

I hereby authorize and give my consent to any medical practitioner, physician, surgeon, clinic, hospital, medical center, insurance company or other organisation or individual concerned (" the Information Provider") that may have any records or knowledge of the employment, financial, health or medical history of myself ("the Assured") and to provide such information to GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD ("The Company") or its authorised agents and/or employees.

I expressly waived all provisions of law or professional ethics forbidding the Information Provider (s) from disclosing any such information acquired on myself in a professional and/or client capacity and I further release the Information Provider(s) and its agent/staff from any liability whatsoever that may rise, in supplying such information requested by the Company.

This authorisation/consent is Irrevocable and a copy of it will have the same effect and validity as the original.

.....
Signature/Thumb print of Assured
Nric (Old) :
(New):

Date: _____
Registration or Admission No. _____
(if hospitalised)

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CLM/ADMN/NOT/TPD/2000/00