



TO WHOM IT MAY CONCERN

Dear Sir / Madam

LETTER OF CONSENT / AUTHORISATION: TO OBTAIN FURTHER INFORMATION

I, Mr/Ms/Madam _____ NRIC _____
hereby authorize and give my consent to MPI Generali Insurans Berhad or their representative to obtain
medical report / information from any medical practitioner i.e. Hospitals/Clinics, insurance company
concerned that may have any information of my _____ Mr/Ms/Madam
_____ NRIC _____.

I hereby absolve the above parties from all responsibility and liability that may arise from this consent.
The release of above mentioned reports / information are necessary / important to support my insurance
claim.

A copy of this authorization shall be as effective and valid as the original.

Signature of Claimant/Next of Kin

Name:

NRIC:

Relationship:

Date

Signature of Witness

Name:

NRIC:

Relationship: