



Medical Release and Privacy Declaration Form

COMPULSORY

RELEASE AND DISCLOSURE OF MEDICAL INFORMATION (To be completed by injured employee)

For the purposes of this authorization, a reference to Berkshire Hathaway Specialty Insurance (BHSI) includes its related group of companies, service providers, representatives and agents.

For the purposes of policy administration, customer services, claims handling and fraud analysis and prevention, including but not limited to whether BHSI decides to insure or continue to insure me for my insurance applications or policies, I hereby authorize any hospital, doctor, physician, clinic and any other healthcare practitioner or provider who has attended to or examined me for any reason to:

- a) disclose to BHSI any and all information with respect to my injury, illness, sickness, treatment, medical history and/or consultation (whether the subject of this claim or otherwise), and such other personal data as BHSI in its sole and absolute discretion considers relevant for its assessment of this claim; and
- b) provide to BHSI a copy of any medical reports and/or hospital/clinical records arising from or associated with any such injury, illness, sickness, treatment, medical history and/or consultation.

I hereby authorize BHSI to disclose my personal data (including medical reports and hospital/ clinical records) to any medical practitioner, legal practitioner and any other service provider, expert or consultant for the purpose of determining and managing my claim.

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

Name of Injured Employee:	Work Permit NRIC No.:
Signature of Injured Employee:	Date

I/We declare that I/we have complied with the conditions and warranties (if any) of the policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on the Incident Report relating to the above matter is true and that I/we have not concealed any information relating to this claim. I/We agree that the acceptance of the Incident Report is NOT an admission of liability on the part of Berkshire Hathaway Specialty Insurance Company ("BHSI"). Any documentary proof or report required by BHSI shall be furnished at our expense.

I/We, HEREBY DECLARE that the statements and particulars made in the Incident Report are true and correct in every respect and are made without reservation of any kind. I/We agree that if I/we have made any false or fraudulent statements or suppress, conceal or falsely state any material facts whatsoever, either now, or in the future, with regard to this claim, the relevant policy shall be void and all rights of recovery in respect of past or future claims, shall be forfeited.

In relation to the personal data collected in this claim form, I/we agree and consent, and if I/we am/are submitting information / personal data relating to another individual, I/we represent and warrant that I/we have the authority to provide that information / personal data to BHSI. I/We have informed the individual about the purposes for which his/her personal data is collected, used and disclosed as well as the parties to whom such personal data may be disclosed by BHSI as set out below and the individual agrees and consents that BHSI may collect, use and disclose my/his/her personal data as follows:

- a) the personal data collected (or otherwise provided during the course of the claim process) may be collected, used and disclosed by BHSI to:
 - (i) process and administer this claim;
 - (ii) assess, investigate, adjust and make a decision on this claim;
 - (iii) administer my/his/her insurance policy and exercise the rights of BHSI under his/her insurance policy (including pursuing recovery from reinsurers or other parties);
 - (iv) process requests for payment, and for direct debit authorization;
 - (v) deal with disputes and complaints;
 - (vi) respond to requests for information from public and governmental/ regulatory authorities, statutory boards and for audit, compliance, investigation and inspection purposes;
 - (vii) respond to requests from the policyholder;
 - (viii) carry out identity, membership, background and/or information checks in accordance with legal or regulatory obligations or risk management procedures that may be required by law or that may have been put in place by BHSI;
 - (ix) compliance with legal and/or regulatory obligations, risk management procedures and BHSI internal policies;
 - (x) manage BHSI infrastructure and business operations; and
 - (xi) for other purposes stated in BHSI Data Privacy Policy.
- (b) BHSI may transfer my/his/her personal data to the following classes of persons (whether located in Singapore or elsewhere) for the purposes identified in (a) above:
 - (i) third parties providing services related to the administration of my/his/her policy (including reinsurers, claim investigation companies, industry associations/federations, suppliers or intermediaries) and processing of this claim;
 - (ii) BHSI agents and brokers;
 - (iii) my/his/her authorized agents or representatives or next-of-kin;
 - (iv) the policyholder;
 - (v) legal process participants and their advisors;
 - (vi) governmental/regulatory authorities, industry associations, courts, other alternative dispute resolution forums;
 - (vii) other financial institutions for the purpose of administering this claim and/or obtaining policy payments;
 - (viii) loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers, travel carriers and external auditors;
 - (ix) another member of the BHSI group (for all of the purposes stated in (a)) whether in Singapore or anywhere else in the world; and/or
 - (x) other parties referred to in BHSI Data Privacy Policy for the purposes stated therein.

Note: The full version of BHSI Data Privacy Policy can be found at www.bhspecialty.com

I/We further authorize any individual or entity holding any records including any statements taken or knowledge of me/us which is/are relevant to the settling of this claim and/or the insurer's right of recovery hereunder to furnish such records or knowledge to BHSI or its authorized representatives. A photocopy of this authorization shall be considered as effective and valid as the original.

<<Insert Signature>>

Signature of Policyholder & Company's Stamp

Date