

Statement of Authorization and Consent

To all hospitals (clinics), police offices (stations), fire (first-aid) departments, district prosecutors offices, the Life Insurance Association, insurance companies, or other relevant organizations:

In order to claim for insurance benefits from / apply for enrollment in business insurance plan of **Nan Shan Life Insurance Co., Ltd** ("Nan Shan"), I, _____ (as the insured / the beneficiary / statutory agent / guardian / assistant of the victim, or other _____ (please specify)), expressly approve and authorize Nan Shan Life Insurance Co., Ltd ("Nan Shan") to apply with you for indexing, searching (including registrations for medical care on behalf of the victim as required for the medical facility's procedures), viewing, transcribing, or photocopying the insured's (Name: _____, ID: _____, Date of Birth: _____) medical history, computer data, and any other information relevant to _____ (fill in the insured's medical condition) of the insured event (regardless of the department from which such information is produced) from the date 5 years before _____, the effective date of the policy, to the date at which this Statement is signed.

I agree that, if any of the fields above has been left unfilled, Nan Shan's personnel may fill in such blank on my behalf. I also expressly agree that:

- Nan Shan may photocopy and use this Statement;
- Such photocopy shall have the same effect as the original; and
- If you require a statement of consent of a specific form, I agree to cooperate with Nan Shan to produce such document.

Name: _____ (Please print in clear Chinese or English)

Signature: _____

ID: _____

Address: _____

TEL: _____

Date: _____

Name of the Statutory Agent / Guardian / Assistant: _____

(Please print in clear Chinese or English)

Signature: _____

ID: _____

Date: _____

(If the insured/beneficiary is a minor or declared under guardianship or assistance by the court of competent jurisdiction, please sign and provide a photocopy of your ID or household registration as evidence of your relationship.)