

THIRD-PARTY AUTHORITY

Name: _____

Postal Address: _____

Telephone _____ Mobile: _____

Email: _____

Insurance
Company
(Insurer): _____

Branch: _____

Contact Person: _____

This letter confirms that Peter Lyons of Claim Assist is appointed to assist with my/our insurance claim reference number _____.

I/We (the Policyholder/s) authorise the Insurer(s) to release to Claim Assist all personal and other information held by you and to discuss any details of this claim that will enable Claim Assist to report back to us as an independent advisor acting on our behalf and in our interests.

As our Insurer, I/we request that you respond to this request and any subsequent enquiries in a prompt manner with full disclosure of all material relevant to this claim.

This authority to act on our behalf remains in force until the claim is resolved or until revoked in writing by the Policyholder/s.

Signed: _____

Date: _____