



Authority to Access Information

Name of Member
(please print)

Member Number

Date of Birth

Address

Claim Number
(if applicable)

Policy Number:

Company Name
of Third Party
(where applicable)

Name of Third Party

Date of Birth
of Third Party

Address

Telephone Number

I hereby authorise the above mentioned third party to access the following evidence:

☐

Insurance Details

☐

Claim Status

☐

All claim details including medical evidence

☐

Application Status

☐

All application details including medical evidence

By signing this Third Party Authority Form, I am making the following statements. I:

- authorise AIA Australia to provide the nominated third party with details of my insurance membership(s)
- understand that this authority does not allow the nominated third party to change my details or carry out any transactions on my behalf
- acknowledge that AIA Australia is not responsible for any loss or/and liabilities which may result from AIA Australia providing information to my nominated third party
- agree to my information being used in accordance with AIA Australia's Privacy Policy
- acknowledge that I can revoke this Authority at any time by writing to AIA Australia.

Signature of Member

Date

Signature of Third Party

Date