

ACCESS REQUEST FOR PERSONAL INFORMATION

I,	
Contact Number.	
☐ A. The details of my persor	nal data that is in TMLS's possession;
, ,	y, Policy Number:
·	cies for which I am the Owner
·	ministration fee of \$10.00 per policy for the above request(s).
 B. How TMLS had used or date of this request. 	disclosed such personal data in the past 1 year preceding the
•	ministration fee of \$30.00 for the request stated above.
the administration fee,	de payable to Tokio Marine Life Insurance Singapore Ltd. for
Please tick boxes (") as appropriate	
IMPORTANT NOTES:	will be cont to the mailing address in our records within 20 days
1. The requested information w of receipt of the request.	rill be sent to the mailing address in our records within 30 days
	we require more time for the retrieval of information but will days of receipt of the request.
	npose additional charges for requests which require additional We will write to you on the fee estimate for your agreement
Personal Data Notice I / We agree and consent that Tokic	o Marine Life Insurance Singapore Ltd. may collect, use, process
insurance application form and/or t	cordance with the terms and conditions as stated in the the Tokio Marine Insurance Group's Data Protection Policy which I / we have read, understood and agreed to the same.
Signature of Policyholder / Assignee Date:	
For Office use	
Date Received :	Payment Received :
Prepared by :	Approved by :
Date:	Date:

