

Release of Medical Information Form

Section 1 – Patient

Name of the Patient:

Date of birth Day: Month: Year:

ID / Passport No.:

Section 2 – Authorization

I authorize Daman and VIPmed almeda, and any authorized parties working directly on their behalf, to request from any doctor or institution all medical information they deem necessary for my case.

Patient's Signature: Date:

Name in CAPITAL if you are NOT the Patient:

Relationship to Patient:

Signature if you are NOT the Patient:

Date:

Section 3 – Declaration of Consent

I know that Daman and almeda collaborate in the provision of the VIPmed almeda Services to insured persons of Daman. Within the VIPmed almeda Services acknowledged specialists throughout Germany deliver the medical second opinion report.

I consent in the collection of my personal data, especially health data, by Daman to participate in the VIPmed-Services. I also consent in the transfer of this personal data to almeda in Germany.

In addition, I consent in processing and use of my personal data, especially health data, by almeda, the acknowledged specialists and subcontractors, who are engaged by almeda (for example the external translation service) to deliver the medical second opinion report.

I also give my consent to disclose my personal data, including health data, to Daman's reinsurer, the Munich Re, to the extent necessary for the performance of the respective reinsurance agreement.

All parties warrants to collect, process and use the personal data in accordance with data protection provisions applicable to them. They guarantee the confidential handling of all information.

Patient's Signature:

Date:

VIPmed almeda

Name in CAPITAL if you are NOT the Patient:

Relationship to Patient:

Signature if you are NOT the Patient:

A photocopy of this authorization is to be considered as valid as the original, so a fax will suffice.

Please bring or send the requested medical information to Customers Service at all Daman's branches.

Should you require additional information, please contact Damans Customer Service by

Website: www.damanhealth.ae
Telephone (toll free): 800 4 DAMAN (32626)
Fax: +971 (2) 614 9787
E-Mail: VIPmed@damanhealth.ae
Personally: by visiting us in any of Daman's Branches:

- *Musaffah Branch* (Musaffah new Industry Area, Main Street, opposite to Abu Dhabi Islamic Bank)
- *Al-Bateen Branch* (next to Central Bank)
- *Al Ain Branch* (new Clock Traffic Signal, Post Office Building, 2nd Floor Offices # 202 & 203)
- *Madinat Zayed Branch*, Western Region (TAMM Center)
- *New Central Branch* (Airport Road, opening soon, March 2008)