

INSURED:

CLAIM NO:

MEDICAL MANDATE

I, Address,
Date of Birth.....authorise the release to Tokio Marine Europe Limited of 150
Leadenhall Street, London, EC3V 4TE, COBRA Insurance Brokers, and their legal advisors and
medical experts, full copies of Medical (including x rays and physiotherapy) records.

GP name and address:

Details of all hospital and other medical practitioners consulted:

Signed:

Dated: