

Medical Referral

DECLARATION

I _____ with ID number _____, insured with GAN DIRECT INSURANCE LTD under Policy Number _____, give my consent to go through general medical exams (check-up) in an approved Certified Medical Centre.

I also agree that, according to the Law Providing for the Protection of Natural Persons with regard to the Processing of Personal Data, the personal data provided to you are kept classified and not disclosed to third parties except as provided by the Law. Personal Data can be processed only by authorised personnel of Gan Direct with appropriate professional and technical knowledge.

I also know that if I refuse to give my consent to proceed with the medical report, it is possible that Gan Direct may not be able to process my claims.

Date: _____

The declarant: _____

To be completed by Gan Direct Insurance Ltd

Please arrange an appointment for the medical examination (check-up) at a pre-specified Certified Medical Centre, as soon as possible, but not later than one week from today, on behalf of and at the expenses of GAN DIRECT INSURANCE LTD.

Date: _____

On behalf of GAN DIRECT INSURANCE LTD: _____

To be completed by the Doctor

Please note any abnormal finding, clinical or laboratory, which has been revealed from the check-up and also mention any result is outside the normal range data. It is needed to attach all diagnostic tests

Remarks:

Date: _____

Doctor's Name: _____

Signature and Stamp: _____