



CONSENT FORM FOR THE PROCESSING OF PERSONAL DATA OF SPECIAL CATEGORY

I declare that I have been informed via the Motor Insurers' Fund ("the Fund")'s website about:

- the processing of personal data of special category carried out by the Fund,
- the rights I have and retain as a data subject.

I acknowledge that the processing of my data both general and special, is absolutely necessary for the assessment of the claim. Therefore, I hereby give my consent for the processing of such data for the purpose of assessing my claim. Furthermore, I understand that any possible withdrawal of this consent in the future will result in the Fund being unable to properly assess the claim.

For more information regarding the retention, processing and protection of personal data, as well as my rights as a data subject, I may visit the website the Fund where it is published the Fund's Personal Data Processing Policy (www.mif.org.cy) or I may contact the Data Protection Officer at dpo@mif.org.cy.

I CONSENT

I DO NOT CONSENT

Declaration and Consent

I, the undersigned claimant, confirm that I am the patient, the representative, or the guardian of the patient (if the patient is under 18 years of age). I wish to submit a claim and declare that all the information provided is, to the best of my knowledge, true and accurate.

I consent and authorize my treating physician to discuss my medical condition, as it has developed due to the events leading to the submission of my illness claim, along with any further relevant details, with the Fund.

I agree that a copy of this consent form shall have the validity of the original.

Authorization

Furthermore, I hereby expressly authorize the Fund to request and obtain on my behalf and/or on behalf of my dependent, any information regarding my physical or mental health condition from any doctor, clinic, medical or diagnostic center that has treated me or carried out diagnostic tests at any time.

CLAIMANT / DRIVER / PASSENGER / REPRESENTATIVE / GUARDIAN

Full Name and ID Number:

Signature:

Date:

Note: This statement must be completed and signed only when submitting a claim for bodily injuries.