

## Appendix D(a)

### REQUEST TO THE INSURED FOR CONSENT TO DISCLOSURE OF INFORMATION HELD BY THE POLICE

#### Details of Insurer/Loss adjuster to who response should be sent

Name:

Claim No.:

Address:

If request is from a Loss adjuster details of insurer on whose behalf the Loss adjuster is working

Name:

Address:

#### Details of Insured

Name:

Address:

In order to assist with the progress of your claim, we would ask for your consent to enable us to obtain the following information from the \_\_\_\_\_ Police / Constabulary.

#### Details of Crime/Lost Property

\*Crime/Lost Property Reference  
Number:

(\* delete the inapplicable as crime/lost property records kept separately)

Date and Time of report to Police:

Reporting Person:

Location of crime/loss:

The reason we need this information  
is:

#### Consent

I \*consent / do not consent to the release of this information.

Do you wish the Police to send you a copy of their response to these questions? Yes/No\*

\*(The claimant should delete as appropriate)

Name:

Signed:

Date: