



# Power of Attorney

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**To: Mitsui Sumitomo Insurance Co. Ltd.**

Attorney-in-fact Address: 3-1-25-904 Nishitensen Kita-ku, Osaka-shi

Name: Japan Association of Private Accommodations

Relationship to Grantor: \_\_\_\_\_

I hereby appoint the above-mentioned person (attorney-in-fact) as my agent and empower said person to exercise the rights specified below.

I, the undersigned, hereby irrevocably authorize MSI to acquire, use and provide to others personal information of the Insured Patient associated with the current insurance claim only to the extent that is necessary to do so in order to achieve the objectives referred to in the description of events listed below.

- ① Personal information of the Insured Patient may be provided by MSI to, or provided in conjunction with MSI by, parties related to the accident (such as repairers, medical institutions, general insurance companies, mutual aid associations and/or parties directly involved in the accident), parties entrusted with business (including insurance agents), and other necessary parties for such purposes as implementing insurance contracts (loss surveys, decision-making on whether or not insurance payment should be made and calculation of payable insurance money), making underwriting judgments, and providing a range of services;
- ② Personal information of the Insured Patient may be provided by MSI to, or provided in conjunction with MSI by, such parties as the General Insurance Association of Japan, the General Insurance Rating Organization of Japan, other general insurance companies and mutual aid associations, for the purpose of ensuring sound insurance payment operations;
- ③ Personal information of the Insured Patient may be provided by MSI to reinsurance companies for such purposes as concluding reinsurance contracts, making notifications and reports in relation to reinsurance contracts, and lodging claims under reinsurance contracts;
- ④ Special non-disclosure information of the Insured Patient such as health and medical care records (sensitive information) will not be acquired, used or provided to others for any purposes other than those deemed to be necessary for ensuring proper operation of an insurance company's business, or within the scope of any other essential requirements, pursuant to the Ordinance for Enforcement of the Insurance Business Act;
- ⑤ From the need of claiming compensation, personal information of the Insured Patient concerning request for the payment of an insurance claim(s) (meaning information concerning the amount of liability for payment and other details of the insurance contract, the amount of loss or damage and other details of an accident, claim ability of the case, and the amount of an insurance claim payable, etc.), may be provided by MSI to other insurance companies, mutual aid associations, etc. of the concurrent insurance contracts, or receives such information from those companies and makes use of it, and vice versa.

Policy number \_\_\_\_\_

Accident date \_\_\_\_\_

Date:

Address: \_\_\_\_\_

Name: \_\_\_\_\_



# Power of Attorney

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Attorney-in-fact Address: 3-1-25-904 Nishitensen Kita-ku, Osaka-shi

Name: Japan Association of Private Accommodations

Relationship to Grantor: \_\_\_\_\_

I hereby appoint the above-mentioned person (attorney-in-fact) as my agent and empower said person to exercise the rights specified below. I also agree to your company or any person entrusted by your company making use of the family register related documents which I submitted to you for the sole purpose of identifying the holder(s) of the right to claim compensation for damages.

## Details of Empowerment

Any and all of the rights to carry out the following act(s) in association with the losses or damages incurred by the victim [ \_\_\_\_\_ ] as a result of the accident which occurred at [ \_\_\_\_\_ ] on [ \_\_\_\_\_ ]:

Settlement negotiations and conclusions thereof in relation to the losses or damages claim

Date:

Address: \_\_\_\_\_

Name: \_\_\_\_\_

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