TOKIO MARINE INSURANCE GROUP

Request to Exercise Data Subject's Right Form

1. Data Subject's Right Details

Name _____ Last Name _____

ID Card No./ Passport No. _____ Date of Birth _____

Address _____

_____

Tel. _____ Email _____

2. Representative of Data Subject's Details
(In case of guardian of minor, guardian of an adjudged incompetent by the court, curator of an adjudged quasi incompetent by the court)

Name _____ Last Name _____

ID Card No./ Passport No. _____ Date of Birth _____

Address _____

_____

Tel. _____ Email _____

3. Details of the Request

3.1 Relationship with the Company

☐ Insured ☐ Beneficiary ☐ Payer of the policy ☐ Previous Customer

☐ Candidate ☐ Employee ☐ Ex-Employee ☐ Business Partner

☐ Agent/ Broker ☐ Participant of Marketing Activities ☐ Others. Please Specify _____

3.2 Period of Request

From _____ Until _____

3.3 Rights to exercise

☐ Right to withdraw or request to change the scope of consent

☐ Right to verify your personal information and/ or request for copy of your personal information

☐ Right to correct or update personal information

☐ Right to delete or dispose personal information from our system

☐ Right to restrain of using or processing of your personal information

☐ Right to transfer your personal information

☐ Right to object the collection, usage and disclosure of personal information

☐ Other. Please specify _____

Please state your reason of exercising the right (if any)

_____

_____

_____

_____

4. Supporting Documents

To ensure that the company will deliver or proceed correctly, please submit the supporting documents for identify your rights under Personal Data Protection Act. If you are not able to submit the complete identification documents, the company reserve our rights to not precede your request.

In case data subject request by himself (No.1)

☐ A copy of ID card (Thai nationality) or passport (foreigner) *with signature of certified true copy*

In case of proceeding by guardians (No.2)

☐ A copy of ID card or passport of data subject **and**

☐ A copy of ID card or passport of the representative of data subject *with signature of certified true copy* **and**

☐ A copy of birth certificate or a copy of house registration (in case that the data subject is minor) **and**

☐ A copy of evidence of guardianship appointment (guardian or curator)

5. Channels to Submit your Request Form

- Through the email of Data Protection Officer: DPO@tokiomarinesafety.co.th
- Through head office or branch office of Tokio Marine Safety Insurance (Thailand) PCL.

6. Conditions of Consideration

1. The company will inform the result to the data subject **within 30 days** after received your request and complete supporting documents.

2. The company reserve the right to refuse to complete your request, if the company considered that:

   1) The company have duty to store your personal information according to the laws.

   2) The company do not have any of your personal information.

   3) After verification, the company found that your request is not in accordance with the PDPA or your request is not according to laws.

   4) Your supporting documents are incomplete of unlawful.

3. You may receive contact from the company for additional documents request if the company see that the provided documents are not enough to process your request.

I hereby certify that I have read and understand the content and the condition of consideration and I have the rights under the Personal Data Protection Act to submit this request form. The supporting documents are true and correct. I acknowledge that the company will have to certify and identify myself and may request for more supporting documents to proceed with my request and I fully acknowledge that the company may take legal action with me if I intended to wrongfully provide false information.

Signature of Data Subject/ Representative of Data Subject

....

(....)

Date ....

Request to Exercise Data Subject's Right Form

For Officer

Name of Officer .... Department ....

Date of Receiving .... Date of sending the request to DPO ....