

We are the BRIDGE

POWER OF ATTORNEY

(For Travel Insurance)

【Claimant】 ※For APCC Use Only

- **Address:** 2-8-1-9F Hakata Ekimae, Hakata-ku, Fukuoka 812-0011 Japan
- **Name:** ASIAN-PACIFIC CHILDREN'S CONVENTION IN FUKUOKA

- **Authorized Signature:** _____

I hereby authorize the claimant to make claim and receive payment from Sompo Japan Insurance Inc. for any covered claims concerning the incident set forth below.

※For APCC Use Only

- **Kind of Insurance:** Overseas Travel Accident Insurance
- **Policy Number:** _____
- **Incident Date:** _____

※For Participants Use Only

- **Country / Region:** _____ - **APCC ID:** _____

- **Name of Insured (JA or Chaperon or BC President Name):**

※For Participants Use Only

【Entrustor / Insured】

- **Name** (JA's Guardian / Chaperon/ BC President): _____
- **Address:** _____

- **Authorized Signature (Hand-written):** _____