

FORM FOR TRANSFER OF OWNERSHIP UNDER INSURANCE AGREEMENT



Insurance

Policy no.

Information on the vehicle seller

Name and surname

Name of company

Exact address

PESEL no. or TIN

Vehicle data

Make

Model

Previous
registration no.

VIN number

Engine number

Mileage on the date
of sale

Information on the new owner of vehicle (new Insuring Party / Insured)

Name and surname

Name of company

Exact address

Correspondence address

PESEL no. or TIN

I certify that I transfer the rights under this insurance contract to the person indicated above

Signature of vehicle seller

1. I confirm that I have read the insurance conditions, which are transferred to me and that I accept their content.
2. * The submission of this declaration is voluntary.

I consent to the processing of my personal data for marketing and acquisition purposes and for the purpose of planning activities by Lloyd's Insurance Company SA based in Belgium, at Bastion Tower, Marsveldplein 5, 1050 Brussels.

I am aware that I have the right to access my data, correct it and the right to submit a motivated written request to stop processing my data as well as objections which I have against Lloyd's Insurance Company SA.

* in case of disagreement with point 2, please delete.

Signature of vehicle purchaser