

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 Helvetia Schweizerische Versicherungsgesellschaft in Liechtenstein AG based in Vaduz (FL-9490) at Aeulestrasse 60.

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 the objection which I have against the Helvetia Schweizerische Versicherungsgesellschaft in Liechtenstein AG.

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

Signature of vehicle purchaser

ATTENTION: In order to effectively transfer the rights under the insurance contract, this form should be sent together with a copy of the purchase-sale contract to WAGAS S.A. to the address of 15 Rydygiera Street, 01-793 Warsaw, Poland, or electronically to the mailbox gap@wagas.pl or gwarancje@wagas.pl. Confirmation of the effective transfer of rights under the insurance contract will be sent to the buyer of vehicle, to the address provided, within 14 days of receipt of this form. For more information, please contact us at: 22 860 04 80.