

Uppsögn / Cancellation

SJÓVÁ

Tryggingartaki / Insured

Kennitala / ID number

Uppsögn berist til / Cancellation for:

☐ TM ☐ Vörður ☐ VÍS ☐ Sjóvá ☐ Annað / Other _____

Uppsögn tekur gildi strax nema að annað sér sérstaklega tilgreint hér:

The cancellation takes effect immediately unless otherwise specified here: _____

Undirritaður/undirrituð segir/segja hér með upp eftirfarandi tryggingum:

The undersigned hereby cancels the following insurances:

Tryggingartegund:

Insurance type

Vátryggt:

Insured

Fastanúmer:

Registry name/number

Ábyrgðartrygging ökutækis

Mandatory vehicle insurance

Ábyrgðartrygging ökutækis

Mandatory vehicle insurance

Kaskótrygging

Comprehensive collision insurance

Kaskótrygging

Comprehensive collision insurance

Eignatrygging lausafjár

Moveable property insurance

Brunatrygging húseignar

Mandatory fire insurance

Brunatrygging húseignar

Mandatory fire insurance

Húseigendatrygging

Property insurance

Húseigendatrygging

Property insurance

Ábyrgðatrygging atvinnurekstrar

Commercial liability insurance

Rekstrarstöðvunartrygging

Business interruption insurance

Slysatrygging launþega

Employee accident insurance

Undirritaður heimilar Sjóvá að afla nauðsynlegra upplýsinga frá fyrra tryggingafélagi vegna uppsagðra trygginga.

The undersigned authorizes Sjóvá to obtain the necessary information from the previous insurance company due to the canceled insurance.

Bankaupplýsingar (ef um inneign er að ræða)

Bank details (in case of credit)

Útibú / Branch

Höfuðbók / Ledger

Reikningsnúmer / Account number

Staður og dagsetning / Place and date

Undirskrift / Signature