

Uppsögn / Cancellation

SJÓVÁ

Tryggingartaki / Insured

Kennitala / ID number

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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	Uppsögn gildir frá: Cancellation valid from
Ábyrgðartrygging ökutækis Mandatory vehicle insurance	_____	_____	_____
Ábyrgðartrygging ökutækis Mandatory vehicle insurance	_____	_____	_____
Ábyrgðartrygging ökutækis Mandatory vehicle insurance	_____	_____	_____
Kaskótrygging Comprehensive collision insurance	_____	_____	_____
Kaskótrygging Comprehensive collision insurance	_____	_____	_____
Kaskótrygging Comprehensive collision insurance	_____	_____	_____
Fjölskyldutrygging Family protection insurance	_____	_____	_____
Brunatrygging húseignar Mandatory fire insurance	_____	_____	_____
Brunatrygging húseignar Mandatory fire insurance	_____	_____	_____
Fasteignatrygging Property insurance	_____	_____	_____
Fasteignatrygging Property insurance	_____	_____	_____
Sumarhúsatrygging Summer house insurance	_____	_____	_____
Dýratryggingar Animal 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

Undirskrift / Signature