



# ING Lion Assistance Insurance

## Change to the annual insurance policy

Branch number: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

Policy number: 721 - \_\_\_\_\_ - \_\_\_\_\_  
 Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 ING Account: \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Any changes made in relation to a temporary policy are carried out replacing this policy with a new policy (see point 3 of the termination request)**

### 1. Personal data

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

### 2. Removal of the "Vehicle assistance" cover

Vehicle(s) insured	with effect from
I wish to remove cover linked to:	
Ø the vehicle with registration number _____	Ø ____ / ____ / ____ * Ø on the next renewal date**
Ø the vehicle with registration number _____	Ø ____ / ____ / ____ * Ø on the next renewal date**
Ø the vehicle with registration number _____	Ø ____ / ____ / ____ * Ø on the next renewal date**
Ø the vehicle with registration number _____	Ø ____ / ____ / ____ * Ø on the next renewal date**

\* since removal is requested following the risk's disappearance. In this case, I will supply you with proof.

\*\* since removal is requested for any reason other than the risk's disappearance.

### 3. Remarks

- I do not have an ING account, so I would like all premium repayments to be made to my account:

IBAN: \_\_\_\_\_ BIC: \_\_\_\_\_

- Other remarks: \_\_\_\_\_

The change requested will come into effect at the earliest on the date on which the request form is received at the following address:

**ING Lion Assistance – Response number 3 – DA 852-156-3 – 1040 Brussels**

The change will be confirmed in a rider.

### 4. Compulsory signature of the policyholder:

The insurer:

Inter Partner Assistance SA/NV, insurance company, registered under code number 0487.

Registered office: Avenue Louise/Louizalaan 166, Box 1, B-1050 Brussels – Brussels Register of Companies – VAT BE 0415.591.055.

BIC: BBRUBEBB – IBAN: BE66 3630 8057 8243.