



ING Lion Assistance Insurance

Request to revoke or terminate the policy

Branch number: _____
Contact: _____
Telephone: _____

Policy number: 72_ - _____ - ____
Date: ____ / ____ / ____
ING Account: ____ - _____ - ____

1. Personal details of the policyholder

Surname: _____ First name: _____

2. Duplication of cover under a policy with another insurance company

The policy duplicates the following cover taken out with another insurance company:

Cover	Company	Policy number	Renewal date for the principal policy with the other company:	Has the policy with the other company been terminated?	Termination date:
θ Assistance to individuals					
θ Vehicle assistance					

Very important: Please provide Inter Partner Assistance with a copy of the policies, any riders and the last policy note for the same cover.

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 request to terminate the policy will only come into effect at the earliest on the date on which it is received at the following address:

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

The termination will be confirmed by letter.

4. Compulsory signature of the policyholder: