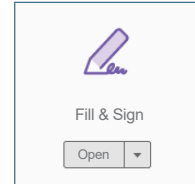




## Instructions for filling and signing PDF forms

1 Open the PDF form in Acrobat or Reader.

2 Select the "Tools" menu > "Fill & Sign".



3 When you open the tool, fill the text into blue boxes. For checkboxes, just mark the corresponding variant. In the case of the "Other" box, fill in the answer.

4 Once you have filled in all fields except the signature, click on "Sign" and "Add Signature" in the top bar above the document.

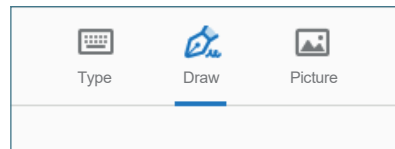
Sign and Add Signature

Sign

Add Signature +

Add Initials +

5 After clicking on it, a window with signature options will open. Please select the "Draw" option and sign.



6 Then you just enter your signature in the "Policyholder" or "Insured" field.



7 Save the document, send it to us at [info@defendinsurance.eu](mailto:info@defendinsurance.eu) and we will get back to you as soon as possible.





## Details of the insurance policy and the policyholder

Insurance policy number: .....

VIN code of the vehicle: .....

Surname, first name / Name (and legal form) of the policyholder: .....

Birth number / Company Identification Number: .....

Phone / Email: .....

Mailing address: .....

Bank account number: .....

## Reason for cancellation

Tick the reason for cancellation of insurance and your chosen method of refund of the premium.

<input type="checkbox"/>	Termination after the conclusion of the insurance policy. <small>① We must receive your notice of termination within two months of the conclusion of the insurance policy. The insurance shall expire at the end of the eight-day notice period.</small>	
<input type="checkbox"/>	Termination after an insured event. <small>① We must receive your notice within three months of notification of the insured event. The insurance shall expire at the end of the one-month notice period.</small>	
<input type="checkbox"/>	Termination by the policyholder at the end of the insurance period. <small>① We must receive your notice no later than 6 weeks before the end of the insurance period in question, otherwise the insurance expires at the end of the next insurance period.</small>	
<input type="checkbox"/>	Change of vehicle owner. Annex: proof of change of ownership. <small>① If you are not interested in transferring the rights and obligations of the insurance to the new owner or we have not approved the transfer of rights and obligations, the insurance expires on the day we receive your request.</small>	
<input type="checkbox"/>	The vehicle has ceased to physically exist/has been removed from the register. Annex: copy of the disposal/register removal record. <small>① The insurance expires on the date specified in the attached record.</small>	
<input type="checkbox"/>	Theft of the vehicle. Annex: police report on the notification of theft of a vehicle. <small>① We will terminate the insurance on the day the vehicle is stolen or event reported to the police.</small>	
<input type="checkbox"/>	Other:	as of:

## Method of refund of the insurance premium

<input type="checkbox"/>	To the policyholder by bank transfer to the account.
<input type="checkbox"/>	To the policyholder through an intermediary.
<input type="checkbox"/>	To the intermediary's / dealer's account.

Send the completed form electronically to our address: [info@defendinsurance.eu](mailto:info@defendinsurance.eu), or printed to DEFEND INSURANCE s.r.o., Spáčilova 569, 767 01 Kroměříž. In the event that the premium is to be refunded through an intermediary, please inform us immediately of any delay in the payment of the premium or in the event of any disputes in relation to the refund of the premium. The intermediary may request a copy of this request. All questions, comments and complaints can be addressed to us at [info@defendinsurance.eu](mailto:info@defendinsurance.eu).

In..... on .....

\_\_\_\_\_  
Policyholder

