

WITHDRAWAL OF THE INSURANCE CONTRACT FORM

Information about the Insurer (addressee):

AIG Europe Limited, having its registered office at The AIG Building, 58 Fenchurch Street, London, EC3M 4AB, United Kingdom of Great Britain and Northern Ireland, registered at Companies House under number 01486260, acting in the Czech Republic through AIG Europe Limited, organizační složka pro Českou republiku, Company Identification Number 24232777, having its registered office at V Celnici 1031/4, Praha 1, Postcode 110 00, entered in the Commercial Register maintained at the Metropolitan Court in Prague under section A, entry 75864. Contact information: AIG Europe Limited, organizační složka pro Českou republiku, V Celnici 1031/4, 110 00 Praha 1 E-mail: zakaznik@aig.com Tel.: +420 844 000 002 Fax: +420 234 108 383 www.aig.cz

Information about the Policyholder and the Insurance Contract:

First name, surname, title:					
Contact address:					
Telephone: E-mail:					
Date of birth: Account number for		or the return of the paid premium:			
Insured period from:		Insured period to:			
Type of insurance: Individual travel insurance insurance		Annual travel insurance	Cancellation		

I hereby notify you that I am withdrawing from Insurance Contract No. ______, entered into on

(date).

Notice on the right to withdraw from the Contract:

1. The right to withdraw from the contract

- 1.1. You have the right to withdraw from this Contract without specifying a reason for doing so within 14 days.
- 1.2. You have the right to withdraw from this Contract without specifying a reason for doing so within a time limit of 30 days following the date on which you receive notification of entering into a distance transaction or following the date on which you are presented with the terms and conditions of insurance.
- 1.3. For the purposes of exercising the right to withdraw from the Contract, you must inform the Insurer, meaning AIG Europe Limited, organizační složka pro Českou republiku, having its registered office at V Celnici 1031/4, 110 00 Praha 1, of your withdrawal from the Insurance Contract and state the number of your Insurance Contract, your telephone number and your e-mail address (if you have one) in the form of a unilateral legal act (this is understood to be a letter sent through an operator of postal services, fax or e-mail). You may use the attached specimen Withdrawal from the Contract form, but are not obliged to do so.
- 1.4. In order to adhere to the time limit for withdrawal from this Contract, it is enough to send withdrawal from the Contract before the passing of the thirty-day time limit.

2. The consequences of withdrawal from the Contract:

2.1 Should you withdraw from the Insurance Contract, we shall return to you the payments which we have received from you in relation to entering into the Insurance contract without undue delay, not later than within 30 days of the date on which we receive your notification of withdrawal from the Contract, into the account specified in written notification of withdrawal (the Withdrawal from the Insurance Contract form).

Date:	Place:	Signature of the	
		Policyholder	

Send the completed, signed form to the address specified below or by e-mail:

AIG Europe Limited, organizační složka pro Českou republiku Cestovní pojištění V Celnici 1031/4 110 00 Praha 1 E- mail: zakaznik@aig.com Tel.: +420 844 000 002 Fax: +420 234 108 383 www.aig.cz

By providing your personal information to AIG in relation to withdrawing from the Insurance Contract you are aware that your Personal Information will be gathered and processed in accordance with Act No. 101/2000 Sb. on personal data protection and the Privacy Policy, which you will find at www.aig.com/cz/cz-privacy-policy. The Personal Information provided shall be processed by the administrator itself or by an authorised compiler (including related parties belonging to the American International Group having a registered office in an EU Member State). In all cases, however, all obligations arising for the administrator and compilers from Act No. 101/2000 Sb. shall be maintained.

WITHDRAWAL FROM THE INSURANCE CONTRACT FORM