

Information to insurance contract / data transfer

Herewith the insured party (*please indicate name and address of insured party*):

permits the company Asko Assekuranzmakler GmbH, place of business in AT-6334 Schwoich, Egerbach 58a to provide information about the validity of the insurance contract to our business partner (*please indicate name and address of the business partner*):

for the period (*please indicate the period*):

to the following goods in transit insurance policy (*please indicate the policy number*):

The information about the validity of the insurance contract should be send to the following e-mail address of the business partner in written form (*please indicate the e-mail address*):

Signature / Stamp insured party

Place / Date

If you have further questions do not hesitate to contact

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