InsuranceLink - Data Subject Rights Request Form - Access Request

For more information about your data subject rights and how Insurance Ireland processes your personal data, please see the InsuranceLink privacy notice online at: http://inslink.ie/Privacy%20Policy.htm.

Instructions

To submit an access request, please complete this form and email it along with all required supporting documents to <u>infoireland@verisk.com</u>. All information you provide is treated in strict confidence and in accordance with applicable data protection law.

To help us attend to your request as quickly as possible and in compliance with our obligations under data protection law, please provide us with the following information:

Please user BLOCK CAPITALS to complete this form.

1. Scope of Access Request (Optional)

* marks all mandatory fields

Ple	ease	pro	ovid	e us	wit	h sc	me	moi	re in	forr	mati	ion i	ega	rdin	ıg yo	ourı	equ	iest.					

2. Verification of PERSONAL DETAILS*

To protect your personal data against unauthorised disclosure to third parties we need to confirm that we are responding to a request made by you (and not someone impersonating you). Please provide us with the following personal details:

request made	БОУ	you	(aii	iu iii	Jt 30	אוווכ	OHE		JC13	Ulla	ווופ	, yo	u). r	icas	se pi	OVI	ue us	VVI	נוו נ	iie i	Olio	vviii	gpe	1301	iiai (ueta	113.		
Gender:																													
(i) Male																													
(ii) Female																													
(iii) Prefer not to say																													
First Name																													
Middle Name																													
(if applicable)																							ı		1				
Last Name															Ma	idei	า												
Date of Birth								DD/MM/YY format								me													
															(if applicable)														
	[19 applicable)																												
Current																													
Address																													
																Со	unty												
				L								I	<u> </u>	l											L				
Any previous addr	ess	used	d by	yοι	ı (if ı	аррі	icak	ole).																					
(i) Previous																													
Address 1																													
																Со	unty												

(ii) Drovieus									l				- 1	<u> </u>				I				1						l		Т
(ii) Previous Address 2																							_					<u> </u>		$oldsymbol{\perp}$
Address 2																														
																Co	unt	v												1
													l				unc	,												1
(iii) Danida va						1							- 1					l		1	1		1					1		Т
(iii) Previous																						-								-
Address 3																														
																Со	unt	У												
						<u> </u>	<u> </u>			l	l	<u> </u>											ı		I		<u> </u>			
(iv) Previous																														T
Address 4																														+-
71441 633 4															_							-								
												Со	unt	У																
2 VEHICLE DI	IICLE DETAILS																													
		_							!- !	-1-	-1-!			. - ! -						l l		1							_	
If your query		-					mo	tor	veni	cie	ciain	n on	a ve	enici	e <u>cu</u>	ırre	ntiy	ow	neo	юу	you	ı, pie	ease	pro	via	e us	WITI	n tn	e	
following add	IILIOI	iai i	1110	ППа	ILIOI	1.		1											l	1	1	1	1	1		1			1	Τ_
Registration*												Ш																		
Make*												M	ode	*																
4. Supporting D Proof of Address* Proof of I.D.*	Proof of Address* Please provide us with a copy of one the following documents (not older than 3 months) so that we can very your residential address: □ Electricity bill □ Gas bill □ Phone bill □ Other (please specify)																													
			_	g Lice					l Pas	•																				
				Tha	ank	You	for	you	ır ac	cces	s red	ques	st, w	e wi	ll b	e in	tou	ıch	with	n yo	u sc	oon.								
SIGNED:																DA	ATE:													_