



Notice of Early Termination

Vehicle registration number:
Lessee / employer:
Name of driver (first and last name):
Reason for early termination:
Date of resignation:
Date of (employer) contract termination:
Expected date of early termination:

I hereby confirm that the above specified details are correct

Name of driver

Date

Signature

Clarification of signature

Email

Certified by line or fleet manager

Date

Signature

Clarification of signature

Email

I hereby authorize Claims Management Sverige AB to register and handle the information I have provided in the claim. I also authorize Claims Management Sverige AB to share submitted information with (LeasePlan) departments who need the information to be able to finalize the handling of the insurance claim.