



Data Subject Access Request

Please complete this form if you are making a Data Subject Access Request to Aviva. Under the Data Protection Act and GDPR, you are entitled to receive this information. Please be as specific as possible to help us with your request.

Please note: If you are requesting Medical information we will need to contact you to get further details.

Please tick all that your request refers to: Life Pension Home Motor Commercial Other

Full name/s [Block Letters]

Full address

Previous address
(if different in last 3 years)

Date of Birth

Phone No.

Your Policy/Scheme Number/s

Your Claim reference, if relevant

Quote ID, if relevant

What information are you looking for? *(Please be as specific as possible)*

Any other relevant information you can provide which may help us in dealing with your request

Have you ever made a request of this nature before? If so, please specify a date

Data subject(s) signature(s)

Date

Please send to:

dp@aviva.com or: DPO, Aviva Ireland, One Park Place, Hatch Street, Dublin 2.

NOTE: For confidential personal information we reserve the right to seek further forms of identification to ascertain the proper identity of the data subject.

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