

# Farm Vehicle Insurance Assignment Document

## Policy Information

Policy Number

Effective Date

Expiry Date

## Insured Details

Insured Name

Contact Number

Address

## Assignee Details

Assignee Name

Relationship to Insured

Contact Number

Address

## Vehicle Details

Vehicle Type	Make / Model	Year	VIN / Serial No.	Registration No.

## Assignment Details

Please describe the reason and purpose for this assignment:

## Declaration

I hereby assign my interest in the above policy, including all rights, title, and interest, to the assignee mentioned above, subject to all terms and conditions of the policy.

Insured's Signature

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Date

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Assignee's Signature

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Date

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