

Application Form | Road Registered Vehicle Insurance

1 / Personal Data Policyholder

Name and initial(s)

Gender Male Female Prefer not to say DOB

Street name and house number

ZIP Code and domicile Phone no.

Nationality Occupation

Valid driver's licence Yes No Driver's licence no. and category

2 / Personal Data Driver (s)

Name and initial(s)

Gender Male Female Prefer not to say DOB

Street name and house number

ZIP Code and domicile Phone no.

Nationality Occupation

Valid driver's licence Yes No Driver's licence no. and category

Since when is the license plate in name?

Has the motor vehicle been insured from this date? Yes No

Are there any notes on your driver's license? Yes, namely No

Personal Data Additional Driver (if applicable)

Name and initial(s)

Gender Male Female Prefer not to say DOB

Street name and house number

ZIP Code and domicile

Phone no.

Nationality

Occupation

Valid driver's licence

Yes

No

Driver's licence no. and category

Since when is the license plate in name?

Has the motor vehicle been insured from this date? Yes No

Are there any notes on your driver's license? Yes, namely No

3 / Contact Details

Preferred start date

End date

Countries you will be visiting:

4 / Coverage

Legal Liability

Limited Casco

Casco

Recourse Legal Aid

Legal Aid

Occupant/passenger accidents

Preferred Currency

EUR

GBP

CHF

USD

AUD

5 / Motor Vehicle Data

Object to be insured

Passenger Car Other, namely:

Sort and Type

License plate / Chassis Number

Year	Weight	Hp/kw

Replacement Value in chosen currency: _____

6 / Use of the car and event

Please describe the use of the car and event details (date, location(s))

7 / Health Declaration

Does the policyholder, license plate holder and/or regular driver suffer from epilepsy? If so, who is it?

I declare that I have completed this form truthfully:

Name	Place and Date

Signature _____

