



## French Car Insurance

## Request for Quote Form

### Where did you hear about us?

- Web Search    Print ad or mailing    Link or online ad    Referred by friend    Other

Please specify website or publication, or enter Priority Code \_\_\_\_\_

### Your car

\_\_\_\_\_

*Make*

\_\_\_\_\_

*Model and commercial version*

\_\_\_\_\_

*Cylinder Capacity (CV) / fiscal horsepower*

Serial No./type: \_\_\_\_\_ Purchased: d\_\_\_ / m\_\_\_ / y\_\_\_\_ 1<sup>st</sup> registration d\_\_\_ / m\_\_\_ / y\_\_\_\_

Is the vehicle registered in France?    Yes    No    No but will be by: d\_\_\_ / m\_\_\_ / y\_\_\_\_

Speed transmission	Fuel type	Body style	No. of doors
<input type="checkbox"/> Manual <input type="checkbox"/> Automatic	<input type="checkbox"/> Petrol <input type="checkbox"/> Diesel	<input type="checkbox"/> Sedan <input type="checkbox"/> Stat. wagon <input type="checkbox"/> SUV <input type="checkbox"/> Minivan <input type="checkbox"/> Coupe	<input type="checkbox"/> 3 <input type="checkbox"/> 5

Primary usage:    Private    Private and home/work commute    Private and professional    Sales

Night parking:    Closed garage    Parking behind closed gates    Public parking or street

Place of parking:   Postal code: \_\_\_\_\_   Town: \_\_\_\_\_

### Primary driver

First Name: \_\_\_\_\_   Name: \_\_\_\_\_

\_\_\_\_\_

*Address*

\_\_\_\_\_

*Postal code*

\_\_\_\_\_

*Place, State, Province, Country*

Tel. in France: \_\_\_\_\_   Tel. in home country: \_\_\_\_\_

Fax number: \_\_\_\_\_   E-mail address: \_\_\_\_\_

Date of birth:   d\_\_\_ / m\_\_\_ / y\_\_\_\_   Date of arrival in France:   d\_\_\_ / m\_\_\_ / y\_\_\_\_

Date of first licence:   d\_\_\_ / m\_\_\_ / y\_\_\_\_   Country where licence was issued: \_\_\_\_\_

Car owner noted on vehicle's registration:    Self    Spouse    Other (Please specify): \_\_\_\_\_





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### Insurance history

Bonus / penalty percentage (if applicable) \_\_\_\_%      Current policy's inception date d\_\_\_\_ / m\_\_\_\_ / y\_\_\_\_

How many years of insurance could you justify? \_\_\_\_

Number of claims submitted over the last 24 months \_\_\_\_

Number of claims for which you were totally/partially liable

Material damages to third parties: \_\_\_\_\_

Material damages without third parties: \_\_\_\_\_

Bodily injury with third parties: \_\_\_\_\_

Bodily injury without third parties: \_\_\_\_\_

Number of claims for which you were not liable

Glass breakage: \_\_\_\_\_

Material damage while car parked: \_\_\_\_\_

Thefts (or theft attempts): \_\_\_\_\_

Others (please specify): \_\_\_\_\_

### Coverage

Coverage 1:

Third party liability

Coverage 2 = Coverage 1 + glass

breakage, fire, theft and climatic events

Coverage 3:

Fully comprehensive

These data (your information) are meant to be dealt with and processed by Aon France in order to create a contact with you. You have a right of access, modification, rectification and deletion on your information (French «Informatique et Libertés» Act of 6 January 1978). For any query, please contact [InsureXpat@aon.fr](mailto:InsureXpat@aon.fr).

Please return completed form by fax: +33(0)-140-616-167

or post: Aon Insurance for Expatriates

31-35 rue de la Fédération

75717 Paris Cedex 15, France

• In France, freephone: 0800 822 202

• Outside of France: +33-495-061-646

• [InsureXpat@aon.fr](mailto:InsureXpat@aon.fr)

• [www.InsureXpat.fr](http://www.InsureXpat.fr)

#### Aon Risk Solutions

Aon France : siège social | 31-35 rue de la Fédération | 75717 Paris Cedex 15 | [w.aon.fr](http://w.aon.fr)

Société de courtage en assurances et réassurances immatriculée au Registre Unique des Intermédiaires d'Assurances sous le N° 07 001 560

SA au capital de 46 027 140 euros | 414 572 248 RCS Paris | N° de TVA intracommunautaire : FR 22 414 572 248

GARANTIE FINANCIÈRE ET ASSURANCE DE RESPONSABILITÉ CIVILE PROFESSIONNELLE CONFORMES AUX ARTICLES L512-7 ET L512-6 DU CODE DES ASSURANCES

