

## French Car Insurance Request for Quote

### Where did you hear about us?

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

Priority Code, if any: \_\_\_\_\_

### Your car

Serial No./type: \_\_\_\_\_   
 Purchased: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_   
 registration d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_<sup>1st</sup>  
 Is the vehicle registered in France?   
 Yes   
 No   
 No but will be by: d \_\_\_\_ / m \_\_\_\_ / y \_\_\_\_

Speed transmission <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Fuel type <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel	Body style <input type="checkbox"/> Sedan <input type="checkbox"/> Stat. wagon <input type="checkbox"/> SUV <input type="checkbox"/> Minivan <input type="checkbox"/> Coupe	No of doors <input type="checkbox"/> 3 <input type="checkbox"/> 5
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Primary usage:   
 Private   
 Private and home/work commute   
 Private and professional   
 Sales

Night parking:   
 Closed garage   
 Parking behind closed gate   
 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): \_\_\_\_\_

### 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): _____
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### 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 Conseil & Courtage 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)-158-758-067  
**or post:** **Aon Insurance for Expatriates**  
**45 rue Kleber**  
**92697 Levallois Perret Cedex,**  
**France**

- In France, freephone: 0800 822 202
- Outside of France: +33-495-061-646
- [InsureXpat@aon.fr](mailto:InsureXpat@aon.fr)
- [www.AonInsureXpat.com](http://www.AonInsureXpat.com)

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### Aon France

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

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Tél. : 33 (0)1 58 75 75 75 - Fax : 33 (0)1 58 75 77 77 - [www.aon.fr](http://www.aon.fr) - 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