

Car insurance quotation

The main DRIVER

First name _____ Name _____
 Date of birth _____ Date of driving licence _____
 Occupation _____
 Family status _____

The CAR

Manufacturer / Model / Version _____
 Date of manufacture (B) _____ Horse power (P.6) _____
 Date of purchase _____ Plates number (A) _____
 Owner (C4a) _____ Cash / credit _____ Leasing _____
 Energy _____ Diesel _____ Hybrid _____ Petrol _____ Electric _____
 Usual park adress in France _____
 Garage _____ Box _____ Gated garden _____ Street _____
 Use _____ Private _____ Pro _____ Mix private/pro _____
 Maxi kilometrage / year _____ max 9 000 _____ max 12 000 _____ max 15 000 _____ unlimited _____

Insurance and claim history

Individual insurance for _____ years
 Number of claims (24 months) _____ at fault _____ glass breakage _____
 _____ without fault _____ fire _____
 _____ parking accident _____
 French no claim bonus _____ If bonus 050 : for _____ years
 Renewal date (échéance principale) _____ Company _____

Cover choice	F10	F11	F16	F17
Third part liability	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Natural events		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Amicale or judiciary recourse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Driver bodily injury	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery (accident/breakdown) 0 km	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Glass breakage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fire		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Theft – vandalism		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fully comprehensive			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Purchase value 2 years				<input checked="" type="checkbox"/>
Long recovery car				<input checked="" type="checkbox"/>

Your choice = →

Options

Purchase value 4 years _____ Collection registration _____
 Personal belongings 300 € _____
 Labour for mechanical-electronic breakdown _____
 Extra long recovery car _____

Email that form to : de-bardonneche-luc@aviva-assurances.com