

# IBERIA-INSURANCE

## Quotation form for Vehicle Insurance

Kindly answer the following and return to us at the address, fax or e-mail below.

### Policyholder

Name: .....

Surname: .....

Date of Birth: .....

Fiscal Number (N.I.E.): .....

Date Driving Licence attained: .....

### Address

Post Code: .....

Town: .....

Street/N°: .....

Telephone: .....

Telefax: .....

E-mail: .....

### Vehicle details

Exact Make, Model & type (ex. Opel Corsa 1.4 Swing)

Essential to attach a copy of the Vehicle Log Book please!

.....

Doors:.....  Stick Shift  Automatic gearbox

Gasoline  Diesel

Horsepower/KW: .....

Year: .....

Miles on the clock: .....

License-plate number: .....

### Vehicle Accessories

Any accessories to be declared? (Radio etc.)

.....

Expected Kms per year: .....

more than 8.000 km  more than 16.000 km

Is the car kept in a garage?  yes  no

Any Drivers under Age 27?  yes  no

male  female

Date Driving licence: .....

Date of Birth: .....

### Type of Cover required

Third Party Liability only

Third Party with screens

Third Party with Total Loss

Fully Comprehensive without an excess

With an excess of .....

### No Claims Bonus (current certificate)

Percent: .....

Name of insurance: .....

Policy No: .....

### For cover to commence and your policy be issued we will require a copy of these documents:

Passport or Residency Card, Driving licence Log, Book of the Vehicle (Permiso de Circulacion), technical details (Ficha Tecnica), bank details, Certificate of No Claims Bonus from you previous Insurers

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

### Please return to:

#### IBERIA-INSURANCE

Phone: 0034 - 971 - 69 90 96 · Fax: 0034 - 971 - 69 90 97

info@iberia-insurance.com · www.iberia-insurance.com

or by mail:

Avenida Rey Jaime I, 100, 1° · E-07180 Santa Ponsa  
Mallorca, España

Please call on us for a personal meeting!

### Remarks: