

REGISTRATION SHEET CAR INSURANCE

ERFASSUNGSBOGEN FÜR EIN ANGEBOT

INFORMATION ABOUT POLICYHOLDER

| | | |
|--------------------|--|---------------|
| Surname/First name | | |
| Street | | |
| Postal code/City | | |
| Embassy | | Date of birth |

INSURANCE START

| | |
|--------------------------|-------------------------|
| Expected insurance start | _____ . _____ . 20_____ |
|--------------------------|-------------------------|

INFORMATION ABOUT VEHICLE

| | | |
|-----------------------------------|---------------------------------------|-------------------------------------------------------------------------------------------|
| Vehicle type | <input type="checkbox"/> Car | <input type="checkbox"/> Bike |
| Vehicle data | | |
| Manufacturer | | |
| Type designation | | |
| Cubic capacity (ccm) | | KW/PS |
| Date of registration of car owner | | |
| Date of registration | | |
| Plate type | <input type="checkbox"/> Normal plate | <input type="checkbox"/> CD plate (Berlin) <input type="checkbox"/> CC plate for konsulat |
| Annual mileage | | |
| Current mileage | | |

INSURANCE COVER

| | |
|-----------------|--------------------------------------------------------------------------------------|
| Vollkasko (CDW) | <input type="checkbox"/> Ja, mit 300,- Euro Selbstbeteiligung bei VK inkl. Teilkasko |
| Teilkasko | <input type="checkbox"/> Ja, mit 150,- Euro Selbstbeteiligung inkl. |

DRIVER CIRCUIT

| | |
|------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Fixed driver circuit | <input type="checkbox"/> Other persons between 27-62 years |
| <input type="checkbox"/> Only Policeholder | <input type="checkbox"/> Other persons between 23-62 years |
| <input type="checkbox"/> Policeholder + spouse age between 27-62 years | <input type="checkbox"/> Other Persons from 18-69 years |

NO-CLAIM BONUS

| | |
|---------------------------------------------------------------|--------------------------------------------------|
| Übernahme der schadenfreien Jahre / Versicherungsgesellschaft | |
| International Bonus-Malus-Testat (years without accident) | |
| Name of the insurance company | |
| No declaration | <input type="checkbox"/> kein Bonus-Malus-Testat |

PAYMENT OPTIONS

| | | |
|------------------------------|-------------------------------|--------------------------------------|
| <input type="checkbox"/> 1/1 | <input type="checkbox"/> 1/2 | <input type="checkbox"/> 1/4 |
| Payment | <input type="checkbox"/> Bill | <input type="checkbox"/> Bankaccount |
| IBAN: | BIC: | |