



INSURANCE QUOTATION FORM

Please fax this Quotation Form to +41 22 740 19 45

YOUR NAME (The Insured) **CONTACT PERSON** (if any)

Address where motorcar kept

.....

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Other insurance you hold with us (if any)

DRIVER DETAILS - NB All family members (i.e those persons that reside with the Insured) that are required to drive must be named. Please include also domestic staff, gardeners, caretakers & students living away from home.

NAME	DATE OF BIRTH	OCCUPATION	RELATIONSHIP TO INSURED	LICENCE TYPE	LENGTH HELD
1					
2					
3					
4					
5					
6					
7					

CLAIMS / CONVICTIONS – If applicable, please list all motoring and non-motoring convictions.

DRIVER - CIRCUMSTANCES	DATE	AMOUNT PAID	DRIVER – CONVICTION CODE	DATE	POINTS / FINE

MOTORCAR DETAILS

MOTORCAR - MAKE & MODEL	CC	YEAR	VALUE	LHD / RHD	ANNUAL MILEAGE	NCB	MAIN DRIVER
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

