

Quotation number :

Policy number :

Concerns: Quotation New insurance Amendment current insurance

1. **INSURER** *(applicant and premium payer)*

Customer number *(if current customer)*:

In case you apply for the insurance for your company/ enterprise:

Registration number Chamber of Commerce :

Name company :

Type of enterprise :

Contact person :

In case you apply for the insurance as an individual:

Last name :

First name(s) :

Date of birth : Sex: M F

Place of birth :

Nationality : ID/ Passport number:

Complete, irrespective whether the application concerns individual or company/ enterprise

Collection / Postal / Mailing address :

Address / business address *(if other than mailing address)* :

Telephone number:

Home: Mobile:

Work: Fax number:

E-mail adress :

Bank account no. : Bank:

SMS/E-MAIL SERVICES

Tick where appropriate:

- Yes, I give Assuria NV permission to send information about insurance policies and promotions via SMS / e-mail, free of charge
- No, I do not give Assuria NV permission to send information about insurance policies and promotions via SMS/ e-mail.

TIPS AND INFORMATION

- ✓ Please check whether you have filled out everything. If the form has not been filled out completely and signed, unfortunately your application cannot be processed.
- ✓ Application is taken into consideration by Assuria Schade Verzekering N.V. if received within one month of signing.
- ✓ Go through the **policy conditions** thoroughly and if necessary ask for any further explanation, so that you know what your rights and obligations are.
- ✓ If during the application procedure your risk factors change, you are obliged to report this to Assuria Schade Verzekering N.V. Non-compliance with this obligation may lead to nullification of the insurance.

Name agent:

Number agent: