

Quotation form for vehicle insurance

Please answer the following questions and return the form to our address, fax or email as stated below.

First we have a question on our own account: How did you find about us?

Google
 Facebook
 Radio
 Newspaper:

Other

Insurance holder:

Name

Surname

Date of birth

Spanish tax identity number (N.I.E.)

Date of driving licence (demonstrable)

Address in Spain:

ZIP / Town

Street / No

Phone

Fax

Email

Details of the vehicle:

Exact denomination of the vehicle model (i.e. Opel Corsa 1.4 Swing)

Manual transmission
 Automatic gear-change

Doors
 Gasoline
 Diesel

ccm HP or KW

Date of first registration / /

Current mileage (in km)

Licence plate number

Owner (Name / N.I.E.)

Use of the vehicle Private use Commercial use

Do you wish to declare any accessory? (radio, etc.)

Expected annual mileage:

More than 10.000 km
 more than 15.000 km

Is the vehicle kept in garage? Yes No

Is there any driver under age 25? Yes No

Male Female

Date of driving licence

Date of birth

Requested insurance cover:

Third Party Liability only
 Replacement car
 Broken windscreen

Third Party with complements (fire, theft, total loss, broken windscreen)

Fully Comprehensive
 Without excess
 With an excess of

No-claims bonus (current certificate)

Current bonus (in %)

Insurance company

Policy number

In case of application, we would need the following information:

Driving licence
 Your N.I.E. number
 Vehicle registration ("permiso de circulación")

Technical specifications sheet ("ficha técnica")
 Current no-claims bonus certificate
 Spanish bank details

I agree with the privacy policy of Iberia Insurance Brokers, for further details, see www.iberiainsurancebrokers.co.uk/privacy-policy

Date Signature

Please return this form to:

IBERIA INSURANCE BROKERS

info@iberiainsurancebrokers.co.uk

Gran Via Puig des Castellat 1

07180 Santa Ponsa, Majorca, Spain

Phone: 0034 - 900 52 58 90 - 0034 - 971 - 69 90 96

Please feel free to call us for a personal advice!

Remarks: