

Application for Foreign Automobile Insurance

Applicant

Name	_____		
Address	_____		
		Tel:	_____
Date of Birth	_____	Fax:	_____
Additional driver(s): give details overleaf		E-mail:	_____

Description of Vehicle

Make	_____	Year	_____
Type	_____	License Plate nr.	_____
Value	_____	Chassis nr.	_____

Value to be given including accessories in Euro. This value will be the basis on which claims for damages will be settled.

Coverage

Third Party Liability	YES	NO
Bodily Injury € 2.500.000,-- per person in case of death or injury of 3 persons or more total of € 7.500.000,-, however no more than € 2.500.000,- per injured person.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Property Damage € 1.000.000,--		
Financial Damage € 50.000,-- Coverage per accident		
Collision, Fire and Theft		
Deductible € 2.500,- each accident	<input type="checkbox"/>	<input checked="" type="checkbox"/>
No reimbursement for Theft damages in former Eastblock countries		

Period desired

From	_____	for	_____	Months
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Date _____ Signature _____

Coverage is subject to terms and conditions as outlined in the "Allgemeine Kraftfahrt Versicherungsbedingungen" (AKB) of AXA Versicherung AG.