QUESTIONNAIRE · CAR INSURANCE

Car insurance questionnaire

Information needed for your study — to be returned to info@assudire.fr

Answer what applies to you: only your contact details are required. The more precise you are, the more accurate our proposal. Documents can reach us later.

1. YOU

The policyholder.

Title : ☐ Mrs / Ms ☐ Mr **First name :** ..... **Last name :** .....

Date of birth : ..... **Marital status :** ☐ Single ☐ Married / civil partnership ☐ Living with partner ☐ Divorced ☐ Widowed

Address : ..... **Postcode :** ..... **Town :** .....

Phone : ..... **Email :** .....

Occupation : ..... **Status :** ☐ Employee ☐ Self-employed ☐ Retired ☐ Student ☐ Not working

2. DRIVERS

The main driver and, if any, the secondary driver.

The main driver is : ☐ The policyholder ☐ Another person **If another person: full name :** .....

Date of birth : ..... **Licence date :** ..... **Licence issued in :** ☐ France ☐ European Union ☐ Outside the EU

Accompanied driving scheme : ☐ Yes ☐ No **Main driver's occupation (if another person) :** .....

Licence suspension or cancellation, drink or drug driving (last 5 years) : ☐ No ☐ Yes **If yes, please specify :** .....

Secondary driver: full name : ..... **Date of birth :** ..... **Licence date :** .....

Relationship to the policyholder : ☐ Spouse / partner ☐ Child ☐ Parent ☐ Other

Use of the vehicle by this driver : ☐ Occasional ☐ Regular

3. YOUR INSURANCE HISTORY

Your claims record (relevé d'informations) will confirm these details; without it, we prepare a first estimate.

Currently insured : ☐ Yes ☐ No **Current insurer :** ..... **Policy number :** .....

Renewal date : ..... **Bonus-malus coefficient :** ..... **Maximum bonus (0.50) since :** ..... **Current premium :** ..... € / year

Claims in the last 36 months (including non-fault) :

Date	Type (accident, theft, glass…)	Liability (0 / 50 / 100 %)

Cancelled by an insurer in the last 36 months : ☐ No ☐ Yes **If yes, reason :** .....

4. THE VEHICLE

Make : ..... **Model :** ..... **Version / trim :** .....

Registration : ..... **First registration :** ..... **Fiscal horsepower :** ..... CV **Gearbox :** ☐ Manual ☐ Automatic

Fuel : ☐ Petrol ☐ Diesel ☐ Hybrid ☐ Electric ☐ LPG / other **Annual mileage :** ..... km

Purchase date : ..... **Purchase value :** ..... € **Purchase :** ☐ Cash ☐ Loan ☐ Lease

Use : ☐ Private ☐ Commuting ☐ Business ☐ Rounds / deliveries

Registered keeper : ☐ You ☐ Spouse / partner ☐ Parent ☐ Company / finance company

Overnight parking : ☐ Locked garage ☐ Private car park ☐ Street **Postcode where the vehicle is kept :** .....

Vehicle registered in France : ☐ Yes ☐ No ☐ Being imported

Anti-theft device : ☐ None ☐ Approved immobiliser ☐ GPS tracker

Trailer or caravan over 750 kg : ☐ No ☐ Yes

5. YOUR NEEDS

Cover wanted : ☐ Third party ☐ Third party, fire & theft (with glass) ☐ Fully comprehensive ☐ Advise me

Cover and services : ☐ Enhanced driver injury cover ☐ Breakdown assistance from home ☐ Courtesy vehicle ☐ Legal protection ☐ Equipment and accessories ☐ Excess waiver

Excess : ☐ Low ☐ Standard ☐ High (lower premium)

Payment : ☐ Annual ☐ Half-yearly ☐ Quarterly ☐ Monthly

Start date wanted : ☐ As soon as possible ☐ Within a month ☐ At my current renewal ☐ Later

Target budget : ..... € / year

Details, constraints or questions :

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6. DOCUMENTS TO ATTACH

Photos or scans are fine.

☐ Driving licence (both sides) ☐ Registration document ☐ Claims record (relevé d'informations) ☐ Bank details (IBAN)

Your current insurer issues the claims record on request, within two weeks. Without it we prepare a first estimate; the final premium depends on it.

DECLARATION AND SIGNATURE

I certify that the information above is accurate; it forms the basis of the study and, where applicable, of the policy. Any concealment or misrepresentation is subject to the penalties of articles L.113-8 and L.113-9 of the French Insurance Code. ASSUDIRE processes the data collected to study my needs and manage the policy, under the conditions of the information document (section 8); I agree to be contacted.

Signed at: ..... **Date:** .....

The policyholder
Signature

For ASSUDIRE use
Received on · adviser · study reference