

QUESTIONNAIRE · MOTORBIKE & SCOOTER INSURANCE

Motorbike & scooter 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. THE RIDER

The main rider.

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

Date of birth : Licence date : Riding experience : ☐ Under a year ☐ 1 to 3 years
☐ Over 3 years

Licence : ☐ AM (moped) ☐ A1 (125 cc) ☐ A2 ☐ A ☐ Car licence + 7-hour course (125 cc)

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

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 : Current premium : € / year

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

Date	Type (accident, theft, fall...)	Liability (0 / 50 / 100 %)
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Cancelled by an insurer in the last 36 months : ☐ No ☐ Yes If yes, reason :

4. THE MOTORBIKE OR SCOOTER

Make : **Model :** **Engine size :** cm³

Type : ☐ Scooter ☐ Road bike ☐ Sports bike ☐ Trail / enduro ☐ Custom ☐ Moped ☐ Electric

Registration : **First registration :** **Purchase value :** € **Purchase :** ☐ New ☐ Second-hand
☐ Loan / lease

Use : ☐ Private ☐ Commuting ☐ Business **Annual mileage :** km

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

Bike registered in France : ☐ Yes ☐ No **Anti-theft device :** ☐ SRA-approved lock ☐ Certified lock
☐ Being imported ☐ GPS tracker ☐ None

Rider equipment and accessories to insure (helmet, jacket, top box...) : €

5. YOUR NEEDS

Cover wanted : ☐ Third party ☐ Third party, fire & theft ☐ Fully comprehensive ☐ Advise me

Cover and services : ☐ Enhanced driver injury cover ☐ Rider equipment ☐ Breakdown assistance from home
☐ Theft of accessories ☐ Legal protection ☐ Excess waiver

Excess : ☐ Low ☐ Standard **Payment :** ☐ Annual ☐ Half-yearly ☐ Quarterly
☐ High (lower premium) ☐ Monthly

Start date wanted : ☐ As soon as possible ☐ Within a month ☐ At my current renewal **Target budget :** € / year
☐ Later

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) ☐ Invoices for locks and accessories

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