QUESTIONNAIRE · PERSONAL ACCIDENT

Personal accident questionnaire

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

Answer what applies to you: only your contact details are required. Personal accident cover pays for everyday accidents: falls, DIY, sport, leisure.

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

Place of birth : ..... **Nationality :** ..... **Country of residence :** .....

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

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

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

2. PEOPLE TO COVER

Just you, or the whole family.

To cover : ☐ Just me ☐ My couple ☐ My family ☐ Single-parent family

Number of children : ..... **Children's ages :** .....

Home postcode : ..... **Home in France :** ☐ Yes ☐ No ☐ Moving in progress

3. YOUR ACTIVITIES AND POLICIES

What you do, and what already covers you.

Household activities : ☐ DIY and gardening ☐ Club sport ☐ Hiking and mountains ☐ Water sports ☐ Horse riding ☐ Two-wheelers

Accident cover already in place : ☐ No ☐ Yes ☐ I don't know **Current insurer :** ..... **Current premium :** ..... € / month

4. YOUR NEEDS

Cover wanted : ☐ Individual ☐ Family ☐ Family + ☐ Advise me

Threshold (disability rate) : ☐ From 1 % ☐ From 5 % ☐ From 10 % ☐ Advise me **Limit wanted :** ..... €

Options : ☐ Increased death benefit ☐ Psychological support ☐ Home adaptation ☐ Cosmetic damage

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

Details, constraints or questions :

.....

5. DOCUMENTS TO ATTACH

Photos or scans are fine.

☐ Terms of the current policy ☐ Family record book (if family) ☐ Bank details (IBAN)

No medical information is requested here. The health questionnaire, if required, is sent to you directly by the insurer and stays confidential.

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