

Application for motorcycle insurance

Note! Complete this form digitally.
Open the file in Adobe Acrobat to use the fill-in functionality in the document.



Insurance taker (All details required)

Client New Existing

Name (last & first) _____ M F

Address (dutch) _____

Postalcode _____ Place _____

Date of birth _____ Nationality _____

JFC NATO ID NR _____

Profession Military Civilian

Work unit or location _____

Telephone (work) _____ Telephone (private) _____

Mobile _____

E-mail (work) _____

E-mail (private) _____

IBAN account number _____

Bic code _____

(This is only required if you have a non-dutch account number)

Vehicle data

Make _____

Type _____ Model _____

Construction month _____ Construction year _____

Engine size/Cubic capacity _____ cc _____ HP _____ KW

Plate number _____ Frame number _____

New value (Dutch tax paid price) EUR _____ Purchase price EUR _____

Type of licence plates JFC NATO registered plates Local Dutch plates (inform RDW)

Is the vehicle equipped with extra's above the maker's standards? Yes No

Type of specifications European North American

Is the vehicle fitted with an alarmsystem/immobilizer Yes No

If yes, Factory Alarm will be installed

Type (Depending on value and age an alarm and/or ART lock is required) Class M1 Class M2 Class M3

Where is the motorcycle parked during the night Locked garage at private address Other

Type of insurance

Cover must start effective _____

Type of cover Third Party Liability Third party Fire and Theft Fully Comprehensive cover
(incl. helmet/clothing damage up to € 750)

Deductible (excess): standard € 90

Voluntary extra excess on top of standard excess EUR 100 EUR 350 EUR 650

Options:

Driver / Passenger Accident insurance

Yes No

Legal Assistance Insurance

Yes No

Yes No Module A

Cover elsewhere

Lienholder (finance clause) to be mentioned on policy? Yes No

If yes, by _____

Additional remarks, special conditions and or restrictions

Previous insurance

Have you been insured before? Yes No

If yes, name of previous company _____

Number of years of accident free driving (proven by statement) _____

No claims statement/affidavit

Included Will follow*

Second car discount

* A statement is required to obtain no claims discount, without a statement the policy will be based upon only beginners discount if not delivered within 8 weeks after the insurance is taken out.



Payment – direct debit authorisation

Monthly payment Automatically by direct debit Accept giro
Lump sum Automatically by direct debit Accept giro

I herewith authorise

- Aon to send instructions to my bank to debit my account in payment of my insurance.
- My bank to debit my account in accordance with the instructions from Aon

Before each direct transaction is executed, we will inform you of the amount and the collection date. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Ask your bank for the conditions.

Name creditor Aon Assuradeuren B.V.
Address Stadionstraat 2 - 18
Postal code & City 4815 NG Breda
Country Nederland

Creditor Identifier NL14MEE331428790000

Privacy

We use the private data that you provide in this document to process your request for information, quotes and financial products. We also use this private data to contact you, if necessary, about the quote, to arrange the insurance and regarding the services we provide. We handle your data with due care. We also require this from other parties with whom we share your data. More information about how we handle your private data is available in our Privacy Statement, At www.aon.nl/privacyverklaring.



Signature & declaration

Has, in the last eight years, an insurance been refused and/or terminated for you or any other interested party in this insurance, or have special terms, conditions and/or premiums been proposed?*

Yes No

Have you or any other interested party in this insurance in the past 5 years suffered damage or have you or any other interested party in this insurance been involved in a damage due to an incident covered by one of the requested categories?*

Yes No

Have you or any other interested party in this insurance been in custody or been convicted of a crime, been in contact with the police or law for 1. illicit trading, theft, embezzlement, fraud, forgery or any attempt (s) to do so 2. unlawful destruction or damage, abuse, extortion and blackmail or any crime or criminal attempt(s) against personal freedom or against life; 3. violation of the weapons and ammunition Act, the Opium Act or the Economic Offences Act.*

Yes No

Have any of the other parties covered by this insurance had any (temporary) ban on their driving license during the past 8 years. EMA (Educational measures for Alcohol) or have any of the interested parties been involved with the police or a court of law or sentenced as a suspect of a traffic violation?*

Yes No

Do you have any additional information?*

Yes No

Filled out truthfully,

Name and position

Date and place

Signature

Disclaimer

If the above wording deviates from what has been set out in the further advice process or in the policy conditions, then the latter wording or the policy conditions will prevail.