

Application for private personal insurance

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



Insurance taker

Name (last & first) _____ M F
Address (dutch) _____
Postalcode _____ Place _____
Nationality _____
Date of birth _____
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)

Cover

Must start effective as of these dates _____

Type of insurance

Third party liability insurance Family Single _____
Dates below
 Household contents including glass insurance EUR _____
Insured sum

Limits

Jewellery insured up to € 6.000 Increase of limit EUR _____
Computer audio-visual equipment up to € 12.000 EUR _____

Coverage (theft or material damage of contents,
not loss or missing) away from home Yes No

Legal assistance Traffic - A Traffic including house & consumer - A+B _____

Travel insurance

Type Person	Name	Date of birth
Spouse		
Child		
Child		
Child		
Child		

Cover Budget Comfort Premium

Options Accident Winter sports Cancellation

Remarks

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 you 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. *

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.