Request a quote for car insurance

Data on the policyholder

First a question on our own behalf: How you hear about us?

○ via Google search   ○ through friends   ○ about radio advertising   ○ via newspaper advertisement in [_____]

Otherwise [_____]

Policyholder:

Surname	[_____]
First name	[_____]
Date of birth	[_____]
Tax number (N.I.E.)	[_____]
Driving license verifiable since	[_____]

Address in Spain:

Zip code / City	[_____]
Street / No.	[_____]
Telephone	[_____]
Fax	[_____]
Email	[_____]

Details of the vehicle:

Exact model designation (e.g. Opel Corsa 1.4 Swing)

[_____]

Doors [_____]   ○ Manual gearbox   ○ Automatic

ccm [_____]   ○ Gasoline   ○ Diesel

HP [_____] or KW [_____]

First registration(dd/mm/yyyy) [_____]

Current mileage [_____]

License plate [_____]

Owner (Name / N.I.E.) [_____]

Utilization: ○ private   ○ commercial

Should extras be insured (e.g. radio etc.)?

[_____]

Expected KM performance per year [_____]

○ More than 10,000 km   ○ more than 15,000 km

Is the vehicle parked in a garage?   ○ Yes   ○ No

Drivers under 25?   ○ No   ⊙ Yes

○ Male   ○ Female

Date Driver's license [_____]

Date of birth [_____]

Desired scope of cover

☐ Basic cover   ☐ Partial cover
☐ Fully comprehensive insurance ☐ comprehensive with deductible
☐ without excess Rental car   ☐ Glass breakage

No-claims bonus (current certificate)

Current percentage fully	[_____]
Insurance company	[_____]
Policy number	[_____]

We require the following documents to take out motor vehicle insurance:

☒ Driver's license   ☒ Vehicle registration document (Permiso de Circulacion)   ☒ Vehicle registration document (Ficha
                                                                                          Tecnica)
☒ N.I.E. number   ☒ current certificate of no-claims bonus   ☒ Spanish bank details

☐ I agree the privacy policy of Iberia Versicherungmakler, SL, for more information www.iberiaversicherungsmakler.com/datenschutz

_____   _____
Date, place   Signature of interested party

Please return to:

IBERIA INSURANCE BROKER

info@iberiaversicherungsmakler.com

or by post: Gran Via Puig de Castellet 1, Local 2 E

07180 Santa Ponsa - Mallorca, España

Tel.: 0034 971 69 90 96 - Fax: 0034 971 69 90 97

We would also be happy to advise you personally!

Special remarks: