



**\* A.F.P.O.P Members \***  
**MOTOR INSURANCE QUOTATION FORM**

Name : \_\_\_\_\_ AFPOP N° \_\_\_\_\_ Tel : \_\_\_\_\_  
Fiscal N° \_\_\_\_\_ Fax : \_\_\_\_\_ E-mail: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Driving Licence N° \_\_\_\_\_

**DETAILS OF VEHICLE TO BE INSURED :**

Make and Model - \_\_\_\_\_ Plate : \_\_\_\_\_

Year of Construction - \_\_\_\_\_ Number of Seats : \_\_\_\_\_

C. C. : \_\_\_\_\_ Number of Doors: \_\_\_\_\_ Weight : \_\_\_\_\_ Kg

Regular Inspection Date (MOT) \_\_\_\_\_

(Please tick those you want)

**TYPE OF COVER REQUIRED :**

A - Third Party Liability € 50.000.000,00   
Accidental Windscreen Breakage  
Travel Assistance

B - Own Damage

Commercial Value : € \_\_\_\_\_

Extras : \_\_\_\_\_ € \_\_\_\_\_

Excess - 0%

C - Loss of Use

Option 1 a)  b)  Option 2 a)  b)  Option 3 a)  b)

D - Occupants

Option 1

Option 2

E - No Claim Bonus Protection

F - Dual Driver

- **Also inform us your present *No Claims Bonus*** \_\_\_\_\_ %

- **N° of years free of claims:** \_\_\_\_\_