

# Collective solutions

## Car and transportation



I am interested in the collective solutions and would like to receive a non-binding offer for:

passenger car       van       motorcycle       boat

I already have a car insurance from: \_\_\_\_\_

Policy number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Desired commencement of VZ's insurance cover: \_\_\_\_\_

### Personal data

Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms	Date of birth: _____
Last name: _____	First name: _____
Street: _____	House number: _____
Postcode: _____	Place: _____
Country: _____	Nationality/ies: _____
E-mail: _____	Phone: _____

### Additional information

Garage available:  yes     no      Use:  private     business

Kilometres driven/year: \_\_\_\_\_

Were there any cases of damage within the last 5 years?  yes     no

If yes: what claims? When? \_\_\_\_\_

Has your driver's licence been revoked within the last 5 years?  yes     no

If yes: when, for how long and why? \_\_\_\_\_

### Vehicle

	Vehicle 1	Vehicle 2 (with changing number plate)
Number plate:	_____	_____
Brand, type:	_____	_____
Registration document no./first registration:	_____ / _____	_____ / _____
Root number:	_____	_____
Chassis number:	_____	_____
Catalogue price/accessories:	_____ / _____	_____ / _____
Leasing:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no



## Information on the most frequent driver

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Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Driver's licence since: \_\_\_\_\_

Nationality/ies: \_\_\_\_\_ Residence permit: \_\_\_\_\_

In Switzerland since: \_\_\_\_\_

The vehicle is only driven by people aged 25 or older:  yes  no

## Desired insurance cover

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- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> third party liability | <input type="checkbox"/> passenger insurance      | <input type="checkbox"/> breakdown service                                | <input type="checkbox"/> gross negligence waiver |
| <input type="checkbox"/> comprehensive cover   | <input type="checkbox"/> bonus protection         | <input type="checkbox"/> items for personal use (travel effects) CHF 2000 |  |
| <input type="checkbox"/> partial cover         | <input type="checkbox"/> unlimited parking damage | <input type="checkbox"/> limited parking damage (up to CHF 1000)          |  |

▶ Please fill out this form completely and return it together with a copy of your current insurance policy/ies and the last premium invoice(s):

**VZ VersicherungsZentrum AG**

Gotthardstrasse 6

8002 Zurich

Phone: +41 (0)44 207 20 20

E-mail: versicherung@vzch.com

Date:

