



MOTOR INSURANCE FOR AFRICA

For insurance coverage in Africa, you can choose one of the following:

Coverage 1:

- Liability insurance with a limit of € 500.000 for each claim.
- The coverage is valid in all African countries.
- However, some countries demand a local insurance coverage. The insured amount might be very low. In this case, our coverage exceeds the local policy up to a limit of € 500.000.

Coverage 2:

- Liability insurance incl. full comprehensive and partial comprehensive coverage with a deductible of € 2.500 for each claim.
- Only valid for vehicles not older than 5 years (not possible for motorcycles).

Please complete the attached application form, sign it and send it back to us.
For all insurance premiums incl. taxes, please see the price list following below.

INFORMATION

- Please transfer the insurance premium to the following account at HypoVereinsbank:
IBAN: DE28 2003 0000 0000 4291 34, SWIFT/BIC: HYVEDEMM300
- For payment by Master Card or by Visa Card, please fill in the following credit card authorisation form and send it back to us by fax or by post only (**not by e-mail**).
- Complementary travel insurances can also be provided by us. If required, please ask for more information.



Applicant

Name First Name

Address

ZIP, City Country

Phone E-Mail

Date of Birth

Description of the vehicle

Make Year

Type Plate Number Country of Registration

Vehicle ID No. Actual Value in €

Declared value incl. supplementary equipment (in €) if applicable. This value will be the basis for your claim.

Desired Coverage

Third Party Liability

Bodily Injury € 500.000

Property Damage € 500.000

Financial Damage € 50.000
(each claim)

Yes No

Comprehensive incl. fire and theft (not for motorcycles)

Deductible € 2.500 each claim

Valid in following countries _____

Period from _____ to _____ for _____ months

Date Signature

The conditions „Allgemeine Kraftfahrt Versicherungsbedingungen“ (AKB) of the AXA Versicherung AG as amended from time to time shall apply.

AXA Versicherung AG/TourInsure GmbH, Herrengraben 5, 20459 Hamburg, Tel.: +49 (0)40 / 251 721 50, Fax: +49 (0)40 / 251 721 21
E-Mail: Service@Tourinsure.de, Internet: www.TourInsure.de



PREMIUMS FOR MOTOR INSURANCE – AFRICA

valid for foreign registrations – cars, caravans, motorcycles
(all premiums in € including tax)

Third-party liability insurance month

Period	1	2	3	4	5	6	7	8	9	10	11+12
Premium	229	327	425	523	621	719	817	915	1.013	1.111	1.307
Trailer	80	80	80	124	124	124	144	144	144	171	171

Total coverage € 500.000

Comprehensive and collision including third-party liability insurance (not for motorcycles)

Current value in €	12.500	1.244	1.859	2.205	2.565	2.911	3.258	3.493	3.840	4.187	5.155	5.541
12.500	1.244	1.859	2.205	2.565	2.911	3.258	3.493	3.840	4.187	5.155	5.541	
25.000	1.695	2.650	2.997	3.697	4.044	4.390	4.743	5.077	5.417	7.053	7.484	
37.500	2.147	3.442	3.789	4.823	4.993	5.326	6.098	6.432	6.772	8.892	9.330	
50.000	2.598	4.228	4.411	5.739	6.073	6.413	7.453	7.793	8.127	10.038	10.449	
75.000	3.279	5.216	5.550	8.233	8.566	8.906	10.569	10.909	11.249	12.616	13.035	

insurance against theft including third-party liability insurance (not for motorcycles)

Current value in €	12.500	910	1.348	1.610	1.884	2.152	2.414	2.603	2.865	3.126	3.807	4.127
12.500	910	1.348	1.610	1.884	2.152	2.414	2.603	2.865	3.126	3.807	4.127	
25.000	1.211	1.878	2.140	2.637	2.905	3.166	3.434	3.689	3.951	5.070	5.429	
37.500	1.512	2.402	2.663	3.389	3.533	3.788	4.338	4.593	4.854	6.300	6.653	
50.000	1.813	2.932	3.082	3.998	4.260	4.515	5.241	5.496	5.757	7.060	7.399	
75.000	2.265	3.586	3.841	5.661	5.922	6.177	7.322	7.577	7.832	8.781	9.127	

surcharge for drivers at the age of 21-24 and for sportscars is 25%.

Deductible € 2.500 for each comprehensive and collision and theft claim.



CREDIT CARD AUTHORIZATION FORM



Form may be completed
on a computer

Please complete this form and return it by post or by fax to:

TourInsure Agentur für
Touristenversicherungen GmbH
Herrengaben 5
D-20459 Hamburg

Fax: +49 (0)40 / 251 721 21

Cardholder details (Please print)

Name

First Name

Address

ZIP, City

Country

Phone

E-Mail

Total amount in € _____

Credit Card (please tick where applicable)

Master

Visa

Credit Card number

exp. date (4 digit)

/

Security code (3 or 4 digits, above signature)

I authorize TourInsure Agentur für Touristenversicherungen GmbH to charge my credit card with the a. m. amount.

Date

Signature

Please do not send by e-mail!



TOURINSURE AGENTUR FÜR
TOURISTENVERSICHERUNGEN GMBH

OUR PARTNERS

