



MOTOR INSURANCE FOR TUNISIA AND MOROCCO

For insurance coverage in Tunisia and Morocco, you can choose one of the following:

Coverage 1:

- Liability insurance with a limit of € 500.000 for each claim.
- The insured amount of local insurance coverage might be very low.

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.



APPLICATION FOR MOTOR INSURANCE – TUNISIA AND MAROKKO



Form may be completed
on a computer

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



TOURINSURE AGENTUR FÜR
TOURISTENVERSICHERUNGEN GMBH

OUR PARTNERS





PREMIUMS FOR MOTOR INSURANCE – TUNISIA AND MAROCCO

valid for customs- and foreign registration (Motorcars, Camper and Motorcycles)

(all premiums in € including tax)

Third-party liability insurance month

Period	1	2	3	4	5	6	7	8	9	10	11	12
Rate	252	360	468	576	684	792	900	1.008	1.116	1.224	1.332	1.440
Trailer	88	88	88	136	136	136	158	158	158	188	188	188

coverage over all € 500.000

actual cash value in €	Comprehensive and collision including third-party liability (not for motorcycles)											
12.500	1.367	2.045	2.426	2.822	3.204	3.585	3.844	4.226	4.606	5.672	5.989	6.367
25.000	1.865	2.915	3.297	4.067	4.449	4.831	5.219	5.586	5.960	7.760	8.127	8.505
37.500	2.362	3.787	4.168	5.306	5.493	5.861	6.709	7.076	7.451	9.783	10.157	10.535
50.000	2.858	4.651	4.853	6.314	6.681	7.055	8.200	8.574	8.940	11.043	11.388	11.766
75.000	3.607	5.738	6.106	9.057	9.425	9.799	11.626	12.000	12.375	13.880	14.233	14.611

actual cash value in €	Insurance against theft including third-party liability (not for motorcycles)											
12.500	996	1.483	1.773	2.073	2.364	2.654	2.862	3.153	3.443	4.190	4.437	4.725
25.000	1.327	2.064	2.354	2.904	3.194	3.485	3.779	4.060	4.346	5.581	5.862	6.150
37.500	1.659	2.644	2.935	3.729	3.890	4.171	4.773	5.053	5.339	6.930	7.216	7.504
50.000	1.989	3.221	3.391	4.401	4.682	4.968	5.766	6.052	6.332	7.770	8.036	8.324
75.000	2.489	3.945	4.226	6.230	6.511	6.797	8.051	8.336	8.622	9.661	9.933	10.221

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!



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