



MOTOR INSURANCE FOR EUROPE (MOTORCYCLES)

– foreign plate numbers and custom plates –

For insurance coverage in Europe for motorcycles, you can choose one of the following:

Coverage 1:

- Liability insurance with a limit of € 2.500.000 / € 1.000.000 / € 50.000 for each claim for bodily injury / property damage / financial loss.

Coverage 2:

- Liability insurance incl. full comprehensive and partial comprehensive cover with a deductible of € 500 for each claim.
- Maximum indemnification € 20.500.

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**).



APPLICATION FOR MOTOR INSURANCE – EUROPE (MOTORCYCLES)



Form may be completed
on a computer

Applicant

Name

First Name

Address

Zip, City

Country

Phone

E-Mail

Date of Birth

Description of the motorcycle

Brand

Year

Type / Model

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.

Coverage

Third Party Liability

Bodily Injury € 2.500.000
per person, in case of death or injury of 3 or more persons a total of € 7,5 mio.,
limited to a total of € 2,5 mio. per injured person.

Property Damage € 1.000.000

Financial Damage € 50.000

(each claim)

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 / 25172150, Fax: +49 (0)40 / 25172121
E-Mail: Service@Tourinsure.de, Internet: www.TourInsure.de



APPLICATION FOR A COMPREHENSIVE AND COLLISION INSURANCE – EUROPE (MOTORCYCLES)



Form may be completed
on a computer

Name

First Name

Address

Zip, City

Country

Phone

E-Mail

Please state required duration of coverage:

Comprehensive Motor Insurance for ____ month(s).

The insurance is based on the ADS 1973 as amended 1994.

Full coverage is agreed on, excluding paint blemishes and scratches.

Written conditions have priority over printed conditions.

The laws of Germany shall apply, place of jurisdiction shall be Hamburg.

The limit of indemnification per insured motorcycle is € 20.500, maximum for accessories and improvement/finishing is € 2.500. The deductible for each claim is € 500.

No indemnity for theft in:

Ukraine, Poland, Hungary, Bulgaria, Croatia, Albania, Serbia, Bosnia & Herzegovina, Estonia, Latvia, Lithuania, Moldova, Czech Republic, Macedonia, Romania, Turkey, Morocco, Tunisia, Republic of Slovenia, Slovak Republic, Republic of North Macedonia, Montenegro.

Date

Signature



PREMIUMS FOR MOTOR VEHICLE INSURANCE IN EUROPE (MOTORCYCLES)

valid for customs- and foreign registration (Motorcycles)

(all premiums in € including tax)

Third-party liability insurance

Period / Month	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			136			158			188		

Coverage overall € 2.500.000

Period / Month	1	2	3	4	5	6	7	8	9	10	11	12
Premium	Comprehensive and collision including third-party liability insurance (motorcycles only)											
max. € 20.500	422	660	898	1.136	1.374	1.612	1.850	2.088	2.326	2.564	2.802	3.040

Surcharge for drivers at the age of 21-24 is 25%.

Deductible € 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)

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Security code (3 or 4 digits, above signature)

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

Date

Signature

For security reasons, please do not send the credit card information via email. For any further questions, please give us a call.