



# dsm-firmenich

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## APPLICATION FOR MOTORCAR / MOTOR INSURANCE

new request ..... Effective date .....

(new relation)

change policy number ..... Amendment date .....

(existing relation)

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**1 Applicant** (DSM/DSM-related companies)  male  female

Name .....	Initials .....
Address .....	Date of birth .....
Postal code .....	City .....
Employer .....	IBAN-nr .....
Phone/private .....	BIC-nr .....
Phone/work .....	Emailadres .....

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## 2 Premium Payment

Please indicate the premium term

per month  half year  per year

I hereby authorize DSM Insurances the premium due will automatically be depreciated from the above account number.

**Signature:** ..... **date** .....

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## 3 Most regular driver (Fill in only if different from applicant)

name .....	initials .....
address .....	date of birth .....
postal code .....	residence .....
employer .....	driving license cat.: <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E
What is the relation to the applicant .....	.....

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#### 4 Data owner Motor Vehicle

In whose name is the registration certificate?

applicant  regular driver  otherwise, please fill out below

name: .....

address: .....

relation to applicant: .....

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#### 5 Kind of insurance (For oldtimers see 8)

legal liability (WA)

legal liability and limited casco (WA beperkt casco)

legal liability and full casco (WA casco) \*)

for legal liability/limited casco (> 10 years) an appraisal report is required.

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#### 6 Motor vehicle to be insured.

passenger car  convertible  delivery van  motorcycle  oldtimer  camper

brand..... type.....

registration number..... registration mark.....

year of construction..... mass of empty vehicle .....

original manufacturer price (to be completed at Casco cover) €.....

current value (fill in with BEP. Casco cover) €.....

accessories (Until €2,500.- – co-Insured for free) €.....

alarm available \*  Yes  No  SCM class.....\*  installed from factory

\* If present, send a copy of the SCM certificate or the transmitting alarm data

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#### 7 Accident-Insurance for passengers (OVI) Yes No

Combination I

€ 7,500.00 in case of death

€ 15,000.00 for permanent disability

4 seats premium € 9.00 per year

5 seats premium € 11,25 per year

Different number of seats .....

Combination II

€ 12,500.00 in case of death

€ 25,000.00 for permanent disability

4 seats premium € 15.00 per year

5 seats premium € 18.75 per year

Different number of seats .....

#### 7a Damage-Insurance for Passengers (SVI) (cars) Yes No

Maximum insured amount €1 million,- /premie €25.00 per year

#### 7B Accident-Insurance for passengers (OVO) (motorcycle) Yes No

Desired coverage (2 seats)

A = in case of death

B = for permanent disability



- |                                     |                                      |                                       |
|-------------------------------------|--------------------------------------|---------------------------------------|
| <input type="radio"/> Combination I | <input type="radio"/> Combination II | <input type="radio"/> Combination III |
| A € 7,500                           | A € 10,000                           | A € 12,500                            |
| B € 15,000                          | B € 20,000                           | B € 25,000                            |

Premium per year if regular driver:

under 24 years	€ 36.00	€ 50.00	€ 61.00
24 years and older	€ 27.00	€ 34.00	€ 40.00

with sidecar 50% surcharge (3 seats)

### 8 Complete only with an old-timer insurance

Insurance form

- legal liability (WA)
  - legal liability and limited casco (WA beperkt casco)
  - legal liability and full casco (WA casco \*)
- Report

Mileage

- Max. 7,500 km P/Jr.
  - Max. 12,500 km P/Jr.
- Value To demonstrate through a Valid Valuation Report

### 9 Driver details

- A. Was the regular driver ever criminal convicted (eg. denied the disqualifications)?  Yes\*  No
  - B. Is the regular driver without body defects and is his hearing- and eyesight and other health status normal?  Yes  No\*
- \* Please explain in point 11

### 10 Previous Insurances

- A. Was once motor insurance in the name of the applicant or driver refused, denounced or on special conditions entered into or renewed?  Yes\*  No \*
- If yes, please explain in point 11
- B. Which company ran the previous insurance? .....
- Under Polis..... with.....% discount because of..... SVJ \*) \*) (damage-free years are obtained via the roy-data base)

### 11 Notes

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.....

.....

.....



**12 Other Announcements**

Do you have anything to say that the assessment of this insurance application could be of interest?  Yes  No

If yes, please mention details

.....  
.....

Filled in.....

Date.....

Signature Applicant.....

**EXPLANATORY STATEMENT**

**Personal data**

When applying for insurance and / or coverage; in the event of a change and in the event of damage, personal data will be requested. These are processed by DSM Assurantiën for the purpose of entering into and executing agreements and marketing activities, to prevent and combat fraud against financial institutions, for statistical analysis and to be able to comply with legal obligations. In connection with the implementation of a responsible acceptance and claims settlement policy, Nationale Nederlanden can consult personal data at Stichting CIS in The Hague and have it recorded there in the event of a reported damage. The privacy regulations of the CIS Foundation apply to this. See also: [www.stichtingcis.nl](http://www.stichtingcis.nl).

DSM Insurances BV, hereinafter referred to as "DSM Assurantiën", processes your personal data for the purpose of realizing insurance contracts, preventing fraud and complying with legal obligations. The privacy statement of DSM Assurantiën applies to the processing of your data. You can find this privacy statement at [www.dsm.nl/verzekeringen](http://www.dsm.nl/verzekeringen). Because DSM Assurantiën is the authorized representative of Nationale Nederlanden, Nationale Nederlanden processes your personal data for the insurance product mentioned on this form. The privacy statement of Nationale-Nederlanden applies to this processing. You can find this at [www.nn.nl/privacy](http://www.nn.nl/privacy). Both parties are independently responsible for processing as referred to in the General Data Protection Regulation.