



**LeasePlan Versicherungs-
vermittlungsgesellschaft mbH
Hellersbergstraße 10 b
41460 Neuss**

VEHICLE FULLY COMPREHENSIVE INSURANCE

Herewith, I am applying for vehicle fully comprehensive insurance for private travel with my leasing vehicle (passenger car)

€ 195 in case of partial liability insurance
coverage or partial liability transfer

€ 130 in case of comprehensive liability
insurance coverage or full liability transfer

Extended insurance coverage to commence on:

Time of day

Date

*) A deductible of € 250 per damage event is considered agreed between the parties.

The term of this contract is 364 days. Insurance protection commences on the date your direct debiting authorisation is received by the LeasePlan cooperation partner and subject to your banking institution duly accepting said authorisation.

Direct Debiting Authorisation: Until further notice, I herewith authorise the banking institution named below to accept any direct debits regarding my account presented for the account of the LeasePlan cooperation partner. If my account has insufficient funds to cover the direct debit, the account-keeping banking institution shall not be obliged to accept direct debits thus presented.

Banking institution

Bank code (BLZ)

Account no.

Number plate

First and surname of driver

Street

Postal Code

City

Company

Date/Signature of driver