

DRIVERS DECLARATION

Name of InsuredPolicy No.....

Name of Driver

Residential Address
 Postcode

Date of Birth Marital Status Licence NoExpiry

Class of Licence State of Issue Total Years Licenced

Type of Vehicle to be Driven Years Licenced to Drive this Type of Vehicle

Note: A full drivers licence printout must be attached.

Have you had any convictions in the last 5 years for:

Alcohol Yes No Drug Offences Yes No Dangerous Driving Yes No

Culpable Driving Yes No Negligent Driving Yes No Criminal Yes No

Have you been involved in any accidents or lodged a claim in the last 5 years? Yes No

Have you ever had insurance declined, cancelled, renewal refused or special conditions imposed? Yes No

Have you ever had a driving licence endorsed, suspended or cancelled? Yes No

Do you suffer from any physical or mental disability or any medical condition (e.g. epilepsy, diabetes, heart condition, faulty eyesight) which could affect your driving performance? Yes No

If you have answered Yes to any of the above please provide full details (Use back of page if insufficient space).

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Please provide details of your last 5 years of employment (show unemployed periods).

Name of Employer	Period of Employment	Job Description/Type of Vehicle Driven	Fulltime/Casual
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DECLARATION

I/We hereby declare and warrant that I/we have read this questionnaire and that the answers given above are in every respect true and correct and that I/we have not withheld any material information. I/We also agree that I/we will at the request of above mentioned "Insured" obtain from the relevant authority or government department a complete and up to date record of offences.

I/We understand that no insurance for any vehicle in the control of the above stated driver is in force until such time that this questionnaire is received and accepted by our Insurance Brokers or Insurance Company.

Drivers Signature Date/...../.....

Insureds Signature Date/...../.....