



DRIVERS DECLARATION

INSURED: _____ Registration Number of Vehicle: _____ Policy No: _____

NOTE:

- * The information requested below must be given for all persons INCLUDING YOURSELF who will regularly drive the vehicle and must be a true record of previous accidents, traffic convictions or infringements.
- * All questions must be completed and dashes or N/A will not be accepted as full answers, please use Nil or No if appropriate.
- * This information is necessary your insurance company can accept the proposed Insurance.

DRIVER DETAILS

NAME	SEX M OR F	RELATIONSHIP TO PROPOSER	DATE OF BIRTH	OCCUPATION	YEARS HELD DRIVERS LIC.	% OF USE
Most Frequent Driver						
Other Regular Drivers						

PREVIOUS ACCIDENTS, FIRES, THEFTS OR CLAIMS

Have you or any other regular drivers had any fires, accidents, or thefts in the last 5 years (whether an insurance claim was made or not)? Yes or No? If yes, please provide full details:

DATE OF OCCURRENCE	PERSON INVLOVED	DETAILS OF OCCURRENCE	TOTAL VALUE OF LOSS/DAMAGE	NAME OF INSURANCE COMPANY

TRAFFIC CONVICTIONS OR INFRINGEMENTS

Have you or any regular drivers had any traffic convictions or infringements within the last 5 years? Yes or No? If yes, please provide full details below.

NOTE: Any conviction for Alcohol related offences should specify Blood Alcohol reading

DATE OF OCCURRENCE	PERSON INVOLVED	NATURE OF CHARGE & RESULT	SUSPENSION PERIOD IF ANY	DID THE CHARGE RESULT FROM AN ACCIDENT

I/WE HEREBY DECLARE that the Statements made herein are true and that I/We have not withheld any information likely to affect acceptance of the Proposal.

NAME _____

SIGNATURE _____

DATE ____ / ____ / ____