



## **DRIVERS DECLARATION FORM**

### **1. INSURED DETAILS:**

Name of Insured: \_\_\_\_\_

### **2. DRIVER DETAILS:**

(Details of whom to the knowledge of the insured will be driving any of the Insured Vehicles)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ How long licensed: \_\_\_\_\_

Occupation: \_\_\_\_\_

Own Another Vehicle:  YES  NO Reg No: \_\_\_\_\_

If "YES" to the above – name of Insurer: \_\_\_\_\_

### **3. ACCIDENTS/DAMAGE**

Has this driver ever been involved in an accident, had a theft/fire to a motor vehicle during the past 5 (five) years:  YES  NO

If "YES", please complete the following details:

Date of Accident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Brief Description: \_\_\_\_\_

Approx amount of damage

Own Vehicle: \$ \_\_\_\_\_ Third Party Vehicle: \$ \_\_\_\_\_

Insurer of Third Party Vehicle: \_\_\_\_\_

### **4. DRIVING OFFENCES/CONVICTIONS**

Has the driver ever had:

1. Their license endorsed:  YES  NO

2. Been Prosecuted for an offence in connection with Intoxicating Liquor or any drugs:  YES  NO

3. Had an offence in connection with a motor vehicle in last 5 (five) years (i.e. speeding, dangerous driving):  YES  NO

If "YES" to any of the above please complete the following details:

1. Date of Offence: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Nature of Charge or Prosecution: \_\_\_\_\_

3. Was license suspended cancelled or endorsed:  YES  NO

4. Length of suspension/cancellation: \_\_\_\_\_ Amount of Fine: \$ \_\_\_\_\_

### **5. DUTY OF DISCLOSURE**

Please write in the space provided any other information which your duty of disclosure requires you to tell us. This may be a peculiar use of vehicle, unusual design, if you have been declared bankrupt or been convicted of a criminal offence. If there is nothing you are required to tell us, simply write "nothing to disclose"

### **6. DECLARATION**

I/We confirm with my/our signature(s) that the information and answers given are truthful, accurate and frank and I/We have not withheld any information

Signature of Driver: \_\_\_\_\_ Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_