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## 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 INVOLVED	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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_