

DRIVER DECLARATION

DRIVER DETAILS - Without this information there is a possible non-disclosure exposure and therefore any claim could be jeopardised.

The following driver is to be included as a Named Driver on Policy No. _____

Name: _____

Date of Birth: ____/____/____

Drivers Licence No: _____

Year Licensed: _____

Gender: Male Female

DUTY OF DISCLOSURE

In the last 5 years have you;

- | | | |
|---|-----|----|
| - Had any policies; refused, cancelled restricted or compulsory excess imposed by an insurer | YES | NO |
| - Had a claim, accident, car stolen or burnt? (even if not reported/or not claim from an insurer) | YES | NO |
| - Had any other accident and/or claim involving a vehicle (regardless of fault) | YES | NO |
| - Had your driver's licence cancelled, disqualified or suspended? | YES | NO |
| - Had any convictions for driving under the influence of alcohol or drugs (DUI) and/or exceeding the prescribed content of alcohol (PCA). | YES | NO |
| - Been convicted of a total of more than 2 traffic offences (excluding parking tickets) in the last 3 years? | YES | NO |

Have you, or anyone permanently residing with you, been convicted of, or had any fines or penalties imposed for any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property within the last 10 years?

YES NO

Do you suffer from any physical defect, infirmity, impairment or affliction?

YES NO

NOTE: If you have answered 'YES' to any of the above, please advise further details. If required, please attach additional pages.

- ACCIDENTS (Full Details – Date, Full Description, \$ of Damage, Insurance Company).

- TRAFFIC OFFENCES (Full Details – Date, Description, Fines, Loss License, DUI readings etc).

****Insurers will require full Traffic History on Department of Transport letter head. ****

- Please advise of any Criminal Convictions, Bankruptcy, or any other information which might affect this policy.

I/We declare that:

- The particulars and statements are true, correct and complete, and contain all information known to me/us
- I/We agree to accept the insurance subject to the terms, exclusions, conditions and limitations of the Policy Wording.

Driver's Signature: _____

Insured's Signature: _____

Date of Birth: ____/____/____