



DRIVER DECLARATION FORM

THIS DECLARATION MUST BE COMPLETED FULLY BY ANY PERSON WHO MAY DRIVE OR MAY BE IN CHARGE OF ANY VEHICLE PROPOSED FOR INSURANCE OR ALREADY INSURED BY THE COMPANY.

This Declaration attaches to:

- Proposal in the name of: _____
- Existing Policy in the name of: _____ Policy #: _____

DRIVER DETAILS (Copy of Driver's Licence is required)

1. Full Name:		2. Occupation:	
3. Date of Birth:	4. Place of Birth:	5. Nationality:	
6. Gender:	7. Marital Status:	8. TRN:	
9. Home Address:		10. Mailing Address:	
11. Name & Address of Employer:		12. Email Address:	
13. Home Phone #:	14. Mobile #:	15. Work Phone #:	
16. How often will you drive any vehicle(s) belonging to the Proposer? <i>(e.g. Regularly, Occasionally)</i>			
17. Driver's Licence #:		18. Type of Licence:	
19. Issue Date:	20. Expiry Date:	21. Country of Issue:	
22. Do you have any physical disability or infirmity that will impair your ability to drive?	Yes	No	If Yes, give details:
NB: The following will be required: a) Medical Certificate to confirm your ability to drive if you have an impairment or physical disability b) Engineer's Report if the vehicle has been modified to suit your infirmity or disability			
23. How many years have you been driving, with insurance, without making a claim or without a claim being made against you?			
24. In what year did you have your last accident?			
25. Have you had a motor vehicle accident in the past eight (8) years involving this or any other motor vehicle owned or driven by you or owned by you and driven by any other person?	Yes	No	If Yes, please provide details below on those within the last 3 years:
Date	Circumstances		Were you at Fault?
1)			
2)			
3)			



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26. Have you been convicted of Dangerous or Reckless Driving during the past three (3) years?	Yes	No	If Yes, please provide details below:
Date	Circumstances		Were you at Fault?
1)			
2)			
3)			
27. Have you held a Motor Policy before?	Yes	No	If Yes, please provide name of previous Insurer/ Agent/ Broker, Dates and Policy #s.
28. Has any Insurer ever: a) Refused your insurance b) Imposed an increased excess or special terms c) Refused to renew or cancelled your insurance	Yes	No	If Yes, please provide details.

DECLARATION OF THE DRIVER

I declare that the above answers and information are true in every respect and that I have not withheld any material facts.
Signature of Driver:..... Date:.....

DECLARATION OF THE PROPOSER

I/We agree that this Declaration shall be deemed incorporated in my/our Proposal to the Company and that if there be any non-disclosure or misrepresentation whatsoever, then the Policy shall be null and void in relation to any accident or incident while the vehicle(s) owned by me/us is/are being driven or in the charge of the Driver declared.
Signature of Proposer:..... Date:.....