

MOTOR VEHICLE DRIVER DECLARATION

Insured: _____ **Policy No:** _____

Name Of Usual Driver: _____ Date of Birth: _____

Drivers Licence Number: _____ Year Licence Obtained: _____

Vehicle: _____ Reg: _____

Garaging Address: _____

How is vehicle garaged at night: _____ On street/Carport/Driveway/Unlocked Garage/Garage

Is your vehicle usually kept here during the day? **YES** **NO**

If no, please provide details: _____

Are there any modifications to vehicle? **YES** **NO**

If YES, please give details: _____

Radius Of Use: _____ kms **Vehicle Use:** Private/Business/Goods Carrying

Type of goods carried/ towed (if applicable): _____

Do you carry hazardous/dangerous goods (in excess of domestic quantities)? **YES** **NO**

If YES, please give details: _____

Are any trailers towed? **YES** **NO**

If YES, please give details: _____

Within the last 5 years, have you been involved in any accidents, fires or thefts with vehicles / cycles (irrespective of whether a claim was lodged or not)? **YES** **NO**

If YES, please give details: _____

Within the last 10 years, has any company ever refused you insurance, applied an excess or cancelled a policy / cover note? **YES** **NO**

If YES, please give details: _____

Within the last 10 years, have You Had Any Traffic, Alcohol, Drug Or Theft Related Infringements, Offences Or Convictions / Loss Of Licence, Or Are Any Pending? **YES** **NO**

If YES, please give details: _____

Within the last 10 years, have you had any criminal convictions or have any pending? **YES** **NO**

If YES, please give details: _____

Any other material information that may affect this policy? **YES** **NO**

If YES, please give details: _____

Signature of Driver: _____ **Date:** _____