

DRIVER DECLARATION

Without this information there is a possible non-disclosure exposure and therefore any claim could be jeopardized

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

Full Name:

Date of Birth:

Year Licence Obtained:

Driver History

In the last 5 years, has the above named driver:

YES NO

- Had any convictions or had any penalties imposed for driving under the influence of alcohol or drugs?
- Had any convictions relating to dangerous driving or failing to stop after an accident?
- Been charged with &/or convicted of any driving offences or issued any speeding or traffic infringement's (other than parking offences)?
- Had a driver's licence cancelled or suspended or restricted?
- Had any insurance policy cancelled, declined, renewal refused, or special conditions imposed?
- Suffer from any physical or mental disability or medical condition (e.g diabetes, epilepsy, heart condition, faulty eyesight) which could affect your driving performance?
- Ever been declared bankrupt?
- Any other matters you should disclose?

Claims History

In the last 5 years, has the above named driver:

- Had any Motor Vehicle accidents (whether claimed or not)?
- Made any Motor Vehicle claims?
- Had any insurer decline a claim?

In the last 10 years, has the above named driver:

- Been charged with &/or convicted of any criminal offence (other than minor traffic convictions?)

If you have answered 'Yes' to any of the above, please advise further details below

- Accidents - (Full details - Date, Full Description, \$ Value of Damage, Insurance Company)
- Traffic Offences (Full Details - Date, Description, Fines, Loss of Licence, DUI readings etc.)
- Please advise of any criminal convictions, Bankruptcy, or any other information which might affect this policy.

I/We declare that:

(a) The particulars and statements are true, correct and complete, and contain all information known to me/us.

(b) 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



WIB WEST INSURANCE BROKERS