

DRIVER DECLARATION

Client Details
Name of Client: _____

Driver Details	
Name: _____	Date of Birth: _____
Address: _____	
Licence Number: _____	Expiry Date: _____
State of Issue: _____	Vehicle Class: _____

In The Last Five Years Have You:

1) Had any Accidents whether at fault or otherwise? No Yes If yes:

Date of Loss	Insurance Company	Details Of Accident	Amount

2) Been charged with or Convicted of any offence in connection with the use of a vehicle or had a driving licence suspended?

No Yes If yes:

Date Charged	Nature of Charge	Penalty

3) Been reported for, charged with, or convicted of alleged drunkenness, or alleged use, or alleged possession of drugs? No Yes If yes:

Date Charged	Offence	Details

4) Had any insurance refused, declined or cancelled by an insurer or any special conditions imposed? No Yes If yes:

Details

5) Been charged with or convicted of any criminal offence of any kind other than those noted above? No Yes If yes:

Date	Offence	Details

Have you ever suffered from any physical defect, infirmity, impairment or affliction of sight or hearing or a fit of any kind? No Yes If yes:

Details

Are you taking any medication that may affect your driving ability? No Yes If yes:

Details

Declaration

I hereby declare and warrant that I have read the above questions and answered every question true and correct and that I have not withheld any material information to the best of my knowledge.

Drivers Signature: _____

Date: _____