

## DRIVER APPLICATION FORM

1) Insured Full Name: \_\_\_\_\_ 2) Policy No: \_\_\_\_\_

3) a) Driver's Full Name: \_\_\_\_\_ b) Date of Birth: \_\_\_\_\_

4) a) TRN: \_\_\_\_\_ b) Tele No: \_\_\_\_\_ c) Email: \_\_\_\_\_

5) Address: \_\_\_\_\_

6) Occupation: \_\_\_\_\_

7) Name and Address of Employer: \_\_\_\_\_

8) Relationship to Insured: \_\_\_\_\_

9) Driver's Licence Information:

a) Licence Number: \_\_\_\_\_ b) Licence Type:  Private  General  Class A  Class B  Class C  Other

c) Original Issue Date: \_\_\_\_\_ d) Vehicles permitted to drive: \_\_\_\_\_

10) Do you currently have a motor vehicle insured elsewhere, or have you previously held a motor vehicle insurance policy?

If YES, please give details below:

a) Name of Insurance Company: \_\_\_\_\_

b) Policy Period/Last Date: \_\_\_\_\_ c) Make & Model: \_\_\_\_\_

11) Has any insurance company, in respect of you ever:

a) declined any proposal?  Yes  No

b) imposed special conditions?  Yes  No

c) refused to renew or cancelled a policy?  Yes  No

If YES, please give details: \_\_\_\_\_

12) Have you during the last five (5) years:

a) Been fined or convicted of any offence in connection with driving a motor vehicle?  Yes  No

b) Had your licence endorsed or revoked?  Yes  No

c) Had any prosecution of a motoring offence?  Yes  No

If YES, please give details: \_\_\_\_\_

Date	Offence

13) Do you suffer from defective vision, hearing, heart condition, epilepsy, diabetes or any physical or mental disability or infirmity?

If YES, please give details below \_\_\_\_\_  
 \_\_\_\_\_

14) Have you had any accidents or losses within the past 36 months involving vehicles:

- a) owned by you, whether or not you were the driver at the time of the incident?
- b) not owned by you, but driven by you or in your custody and care at the time of the incident?

If YES, please give details below:


Year	Claim Details

15) Give names and addresses of persons and or firms to whom you have been employed as a **DRIVER** during the past three (3) years.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

 **DATA PROTECTION**

This is an important notice which outlines how we will collect and process your personal data relating to your claim. You should read it before submitting any personal data to us.


To read our full Privacy Notice, visit <https://gk-insurance.com/privacy-policy> or you can request a copy from us.

If you have any further queries about how we use your personal data, please feel free to contact us.

I/ We \_\_\_\_\_ acknowledge and confirm that:

1. I/We have read and understood the Privacy Notice provided to me/us and that I/We are duly authorized to sign this form on behalf of the Insured.
2. I/We consent to GKGI collecting and processing my/our personal data herein to fulfil its contractual obligations under the insurance policy, claim management and comply with legal and regulatory requirements.
3. Sensitive personal data particularly in relation to your medical information, claim history and/or criminal history will be collected herein and I/we acknowledge that the said sensitive personal data collected will be subject to further processing in connection with our insurance claim.
4. To verify the answers provided by me/us in this driver application form, GKGI will be sharing and/or seeking information from third parties including but not limited to other insurers, claim service providers, finance companies, databases and/or other regulatory or law enforcement bodies.
5. I/We will be conducting business with GKGI electronically which includes but is not limited to receiving updates, sending and receiving all documents, communications, notices and all other correspondence electronically.



 **New Kingston** – 19-21 Knutsford Boulevard | **Liguanea** – Shop 10, Lane Plaza | **Portmore** – Shop 16 Portmore Town Centre  
**Santa Cruz** – Shop 4, 36 Coke Drive | **Junction** - Shop #8 Tony Rowe Plaza | **Mandeville** – Shop 4 & 5 Midway Mall, 17 Caledonia Road  
**Montego Bay** – Unit 1 Fairview Shopping Centre | **May Pen** – Shop 7 Midland Court, 12 Manchester Avenue

We would like to send to you, from time to time, information about our other insurance products and services, exclusive offers, promotions, discounts and new products or services. We may also share your personal data with other subsidiaries with the GraceKennedy Financial Group or GraceKennedy Limited (referred to herein as 'GraceKennedy Group') and/or its subsidiaries and any other entity that may become part of the GraceKennedy Group.

**Please tick the box(es) below to confirm:**

- I/We consent to the sharing of relevant personal data with other companies in the GraceKennedy Financial Group or parent company GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or their subsidiaries and any other entity/ies that may become part of the GraceKennedy Group.
- I/We consent to GKGI or other companies within the GraceKennedy Financial Group and GraceKennedy Group contacting me/us directly regarding any special offers, discounts, new and existing product offerings and bundles that may be of interest to me/us.

I would like to receive that information by (tick all that apply):

- email     text message     phone     post

I/We also understand that I/we may withdraw my/our consent in writing at any time and if I/we choose to withdraw my/our consent, my/our benefits with GKGI would not be affected.

→ I / We declare that the information given in this form is true and correct to the best of my / our knowledge/belief.

→ I / We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

**I, the undersigned, do hereby warrant the truth and correctness of the above statements and particulars given thereon; and I declare that I have not withheld any material information.**

Signature of Driver: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_

Date: \_\_\_\_\_

INSURED'S SIGNATURE \_\_\_\_\_

DATE (mm/dd/yyyy) \_\_\_\_\_

INSURED'S SIGNATURE \_\_\_\_\_

DATE (mm/dd/yyyy) \_\_\_\_\_