



DRIVER APPLICATION FORM

- 1) Insured Full Name: _____
- 2) Policy Number of Insured: _____
- 3) a) Driver's Full Name: _____ b) Date of Birth: _____
DD MM YYYY
- 4) a) Taxpayer Registration Number (TRN): _____ b) Tele No: _____
- 5) Address: _____
- 6) Profession/Trade/Occupation: (Describe fully): _____
- 7) Name and Address of Employer: _____
- 8) Relationship to Insured: _____
- 9) Driver's Licence Information:
 - a) Driver's 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) Current Policy Period/ Last Date of Insurance: _____
 - c) Make and Model of Vehicle: _____
- 11) Has any insurance company, in respect of you ever:
 - a) declined any proposal?
 - b) imposed special conditions?
 - c) refused to renew or cancelled a policy?If YES, please give details below: _____
- 12) Have you during the last five (5) years:
 - a) Been fined or convicted of any offence in connection with the driving of any motor vehicle?
 - b) Had your licence endorsed or revoked?
 - c) Had any prosecution of a motoring offence?If YES, please give details below: _____



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: _____

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: _____