

**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: \_\_\_\_\_