

DRIVER APPLICATION FORM

(This form is to be completed by all proposed DRIVERS)

1. Full Name of Insured: _____

2. Policy Number of Insured: _____

3. Full Name of Proposed Driver: _____

(a) Date of Birth: ____ / ____ / ____ (b) Marital Status: Married | Single | Other
DD MM YYYY

(c) Taxpayer Registration Number (TRN): _____

4. Address: _____

5. Name & Address of Employer: _____

6. Occupation or Business: _____

7. Name & Address of Previous Employer: _____

8. Details of Licence: (a) Type: Private | General | Other

(b) Original Issue Date: ____ / ____ / ____ (c) Location _____
DD MM YYYY

9. Details of previous driving experience (e.g. type of vehicle driven)

10. Have you, during the past five (5) years: (i) been convicted of any offence in connection with the driving of any motor vehicle, (ii) had your licence endorsed (iii) had any prosecution or Police enquiry pending? Yes No

11. Do you, to your best knowledge and belief, suffer from: (i) defective vision, (ii) defective hearing, (iii) diabetes, (iv) fits, (v) heart complaint, (vi) any physical infirmity (vii) mental infirmity? Yes No

If yes, state particulars

12. Are you now or have you been insured in respect of any vehicle? Yes No
If yes, state particulars

13. Has any insurance company ever, in respect of you or any person who will drive, (i) declined any proposal, (ii) imposed special conditions (iii) refused to renew or cancelled a policy? Yes No

If yes, state particulars

14. Give particulars of any accidents and losses during each of the past three (3) years in connection with any motor vehicle used/owned/hired by you.

Year of Loss/Accident	Number of Losses/Accidents during the year	Details of Accident(s)
20		
20		
20		
20		
20		

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

Signature of Insured: _____ Dated: _____

Signature of Driver: _____ Dated: _____