



DRIVERS QUESTIONNAIRE

Name of Insured Policy No

Name of Driver

Residential Address

..... Post Code

Date of Birth Marital Status License No Expiry

Class of License Total Years Licensed

Type of Vehicle to be Driven Years Licensed to Drive this type of vehicle

Have you had any convictions in the last 5 years for:

Alcohol	YES / NO	Drug Offences	YES / NO	Criminal Driving	YES / NO
Speeding or any other traffic offence (other than parking)	YES / NO	Log Book Offence	YES / NO		

Have you been involved in any accidents or lodged a motor vehicle claim in the last 5 years? YES / NO

Have you ever had insurance declined, cancelled, renewal refused or special conditions imposed? YES / NO

Have you ever had a driving license endorsed, suspended or cancelled? YES / NO

Do you suffer from any physical or mental disability or any medical condition which could affect your driving performance? (eg. Epilepsy, diabetes, heart condition, faulty eyesight) YES / NO

If you have answered **Yes** to any of the above please provide full details (Use back of page if insufficient space)

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Please provide details of your last 5 years of employment (show any unemployed periods)

Pursuant to the Privacy Act 1993

The following is brought to Your attention.

- This questionnaire collects personal information about You:
- The information is collected to evaluate the insurance sought
- The intended recipient of the information is Motor & General Underwriting Agency Ltd
- The information is being collected and held by Motor & General Underwriting Agency Ltd
- The collection of this information is required pursuant to the common law duty to disclose all material facts relevant mandatory,
- The failure to provide this information may result in the application for insurance being declined or the insurance being void from the beginning.
- You have rights to access to, and correction of this information subject to the provisions of the Privacy Act 1993.

Declaration

I hereby declare and warrant that I/we have read this questionnaire and that the answers given above are in every respect true and correct and that I/we have not withheld any material information. I also agree that I will at the request of Motor & General Underwriting Agency Ltd obtain from the relevant authority or government department a complete and up to date record of offences.

Drivers Signature **Date**/...../.....