

**ADDITIONAL DRIVER'S FORM**

Policy No. \_\_\_\_\_

NB The form, with the exception of the last line, must be completed by the proposed additional driver.

1. NAME OF INSURED \_\_\_\_\_
2. ADDRESS OF INSURED \_\_\_\_\_
3. NAME OF ADDITIONAL DRIVER \_\_\_\_\_
4. RELATIONSHIP TO INSURED \_\_\_\_\_
5. DATE OF BIRTH \_\_\_\_\_
6. OCCUPATION \_\_\_\_\_
7. DO YOU HOLD A FULL OR PROVISIONAL LICENCE? \_\_\_\_\_
8. STATE DATE ON WHICH THE DRIVING TEST  
WAS PASSED OR DATE OF ISSUE OF 1<sup>ST</sup> LICENCE \_\_\_\_\_
9. FOR WHAT PURPOSE WILL YOU USE THE VEHICLE? \_\_\_\_\_  
\_\_\_\_\_
10. WILL YOU BE THE MAIN DRIVER OF THE VEHICLE? \_\_\_\_\_
11. HAVE YOU EVER
  - (a) been involved in a traffic accident? \_\_\_\_\_
  - (b) been convicted of any offence in connection with a motor vehicle? \_\_\_\_\_If so, give details and  
Submit licence for inspection \_\_\_\_\_
12. (a) HAVE YOU NORMAL SIGHT IN BOTH EYES, NORMAL HEARING IN BOTH  
EARS AND ARE YOU WITHOUT PHYSICAL DEFECT? \_\_\_\_\_
- (b) IF "NO" GIVE FULL DETAILS \_\_\_\_\_
13. DO YOU OWN YOUR OWN VEHICLE? \_\_\_\_\_
14. HAVE YOU EVER BEEN REFUSED MOTOR INSURANCE OR HAD A POLICY  
CANCELLED? \_\_\_\_\_  
IF "YES" GIVE DETAILS \_\_\_\_\_  
\_\_\_\_\_

I WARRANT THAT ALL THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I HAVE NOT SUPPRESSED, MISREPRESENTED OR MISSTATED ANY MATERIAL FACT.

DATE \_\_\_\_\_ SIGNATURE OF PROPOSED DRIVER \_\_\_\_\_

I hereby declare that, to the best of my knowledge, the above information is correct and I agree that this document shall be incorporated into and shall form part of the contract between me/us and the Company.

DATE \_\_\_\_\_ SIGNATURE OF INSURED \_\_\_\_\_