

SUPPLEMENTARY DECLARED DRIVERS FORM

INSURED:

POLICY NO.

Kindly complete this Declared Drivers form, to ensure that all drivers are noted under your policy. Thank You.

N.B : There is an additional excess ranging from \$1,000.00 to \$5,100.00 applicable to all own damage claims in cases where the driver involved is not declared under your policy.

All persons who will drive

DRIVER DETAILS	DRIVER (1)	DRIVER (2)	DRIVER (3)
Name			
Occupation			
Date of Birth			
License No.			
Date of Issue			
Expiry Date			
Type of License Held			

	DRIVER (1)	DRIVER (2)	DRIVER (3)
Do you own a vehicle?			
If not, do you drive the Insured's vehicle frequently?			
How long have you been driving continuously?			



All persons who will drive

Fitness of Drivers	DRIVER (1)	DRIVER (2)	DRIVER (3)
Do you ...			
- have defective vision or hearing?			
- suffer from diabetes, fits, loss of consciousness, or heart problems?			
- any physical or mental handicap?			
- Or have you ...			
- been convicted in the past five years of any motoring offences or subject to any police enquiries or			
- Court prosecutions or convictions?			
- been refused insurance or quotes or had special conditions imposed?			
- in the past three years had accidents, losses or claims? If so give details below			
	DRIVER (1)	DRIVER (2)	DRIVER (3)
Name			
Date			
Brief Details			
Cost of Claim (if known)			
Third Party			
Own Damage			

Insured's Signature.....

Date:.....

FOR OFFICE USE ONLY

	DRIVER (1)	DRIVER (2)	DRIVER (3)
Excess Applicable			
Drivers License seen/copied			

NOTES

UNDERWRITER: _____

Supervisor/Manager reviewed _____