

## 9 DRIVERS QUESTIONNAIRE

Name of Insured					
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 ( <i>other than parking</i> )			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?					
<i>(e.g. Epilepsy, diabetes, heart condition, faulty eyesight)</i>					YES / NO
If you have answered YES to any of the above, please provide full details ( <i>provide separate sheet, if insufficient space</i> )					

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


Note: Further Driver Questionnaires are available to download direct from our website

**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 MultiSure Ltd and Insurers
- The information is being collected and held by MultiSure Ltd and Insurers
- 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 MultiSure Ltd, obtain from the relevant authority or government department a complete and up-to-date record of offences.

Drivers/Owner Signature \_\_\_\_\_ Date \_\_\_\_\_