

Motor Vehicle Insurance - Renewal Declaration

Please complete and return with your renewal acceptance



Duty of Disclosure

During the last 12 months has the Insured or any other drivers:

a) had a motor vehicle accident or loss, a vehicle burnt or stolen or made a claim under a motor policy? (regardless of who was at fault and regardless of whether an insurance claim was made for any loss.) YES NO

b) had a speeding fines and/or any other motoring offences, or on-the-spot fines, (other than parking infringements) including camera detected offences? YES NO

If you are unsure of your offences you must obtain a *Drivers History Report* from your State Vehicle Authority (e.g. Vic Roads)

c) had, or will have a Driver's or Motor Cycle Rider's Licence cancelled, suspended or any special conditions imposed. YES NO

d) had any insurance declined or cancelled, been refused renewal of any insurance or had special terms, conditions or penalty excess imposed YES NO

e) suffered from any physical or mental disability, or medical condition or are dependant on any drug or medication which could affect ones driving performance? YES NO

f) been convicted for driving under the influence of alcohol or drugs YES NO

g) been charged or convicted with any criminal offence YES NO

If you answer **YES** to any of the above questions please list details:

Date	Driver	Details	Amount/Points

I hereby declare the information above is accurate and true

Insured Name

Policy Number

Signature

Date