



Level 1, 251 Malvern Road South Yarra VIC 3141
 Telephone: (03) 9827 5955
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Driver Declaration

Additional Driver:

The following driver is to be included as a named driver on policy no: _____

Name: _____

Drivers date of birth: ____ / ____ / ____ Drivers Licence no: _____

Drivers occupation: _____

Drivers Current No Claim Bonus Rating: _____

DRIVING HISTORY

In the last 10 years has the driver:

- a) Lost their licence YES NO
- b) Had a vehicle stolen YES NO
- c) Had insurance declined, withdrawn or any special condition imposed YES NO
- d) Been convicted of driving under the influence of alcohol or drugs YES NO
- e) Been convicted of any offence involving dishonesty YES NO
- f) Been declared Bankrupt YES NO
- g) Suffered any medical condition or infirmity YES NO

In the last 5 years has the driver:

- Had a motor vehicle accident YES NO
- Lodged a claim under any motor insurance policy (regardless of fault) YES NO
- Had a traffic fine or infringement/conviction or prosecution YES NO

Insurance claims

Date	Occurrence	Cost \$

Traffic offences

Date	Offence	Penalty

YOUR DUTY OF DISCLOSURE

You must tell us

When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you under the policy, and on what terms.

Who needs to tell us

It is important that you understand you are answering our questions in this way for yourself.

If you do not tell us

If you do not answer our questions in this way, we may refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed.

PRIVACY

Only information necessary for the completion of Insurance related activities will be collected. This includes information necessary to accept the risk, to assess a claim, to determine appropriate premiums etc. Where possible this information will be obtained directly from you, or if this cannot be done you will be advised how the information was obtained.

This information will only be disclosed to third parties where the disclosure is reasonably required to carry out business activities unless you have authorised otherwise. You are entitled to access your information on request.

I declare that this Duty of Disclosure and Privacy Statement has been read and understood by me. All answers are true and correct and no information has been withheld which is likely to affect the acceptance of me as a driver.

Signature

Date
