



**Alfa Insurance Brokers Pty Ltd**

43A Regent Street KOGARAH NSW 2217  
PO Box 177 KOGARAH NSW 1485  
PH: 9588 4144, FAX: 9588 4188

**Motor Vehicle Drivers Declaration**

**Insured:** \_\_\_\_\_

**Policy No:** \_\_\_\_\_

**Due Date:** \_\_\_\_\_

**DRIVER DETAILS**

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

**D.O.B.:** \_\_\_\_\_

**Licence Number:** \_\_\_\_\_

**Licence Expiry Date:** \_\_\_\_\_

**Years held Licence:** \_\_\_\_\_

**Type of Licence:** \_\_\_\_\_

**Position in Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Suburb:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Phone No:** (\_\_\_\_) \_\_\_\_\_ **Fax No:** (\_\_\_\_) \_\_\_\_\_

**Have you in the last five [ 5 ] years: Tick**

- 1) Had a motor vehicle accident? Yes  No
- 2) Made a claim under a motor vehicle policy? Yes  No
- 3) Been refused insurance or had a policy cancelled? Yes  No
- 4) Had a compulsory excess imposed or increased? Yes  No
- 6) Have any physical defect or infirmity which would affect the driving of a motor vehicle? Yes  No
- 7) Do you have **ANY** criminal convictions, findings of guilt and/or pending charges (non-traffic) against you? Yes  No
- 8) Is there **ANY** other information which is relevant to the insurer in accepting this insurance? Yes  No

If "YES" to questions 1 to 8, FULL DETAILS must be disclosed in the space provided below.

<i>Date of Incident</i>	<i>Details</i>

9) Have you been convicted/fined for ANY traffic offences or had a driving licence endorsed or cancelled?

Yes  No

<i>Date of Incident</i>	<i>Details</i>

**PLEASE SUPPLY YOUR RTA DRIVING RECORD IF YOU ARE NOT SURE OF THE DETAILS OF ALL OF YOUR INFRINGEMENTS**

**NOTE: DO NOT LEAVE KEYS IN VEHICLE WHILST UNATTENDED AS THERE IS NO INSURANCE COVER FOR THEFT.**

**Signature of Employee making declaration: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_**

**Signature of authorised Employer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_**