

Name of Insured:

Trading as name (if applicable):

DRIVER DETAILS

Name of Driver:

Residential Address:

State:

Postcode:

Date of Birth:

License No.:

Expiry:

Class of Licence :

State of Issue:

Total Years Licenced:

DRIVER HISTORY

Have you ever had any convictions in the last 5 years for:

Alcohol: ☐ Yes ☐ No

Drug Offences: ☐ Yes ☐ No

Dangerous Driving: ☐ Yes ☐ No

Criminal: ☐ Yes ☐ No

Negligent Driving: ☐ Yes ☐ No

Have you ever been fined or convicted of a speeding or other traffic offence (other than parking) within the last 5 years?

☐ Yes ☐ No

Have you been involved in any accidents or lodged a 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 licence endorsed, suspended or cancelled?

☐ Yes ☐ No

Do you suffer from any physical or mental disability or any medical conditions (e.g. epilepsy, diabetes, heart condition, faulty eyesight) which could affect your driving performance?

☐ Yes ☐ No

If you have answered Yes to any of the above questions please provide full details (If there is insufficient space, please attach another page noting further details)



Grange
Insurance Solutions
An Avis Group Partner

DRIVER DECLARATION FORM

Date	Explanation	Amount Paid (if claim)
		\$
		\$
		\$

DECLARATION

I/We 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.

Driver's Signature

Date

Phone (08) 9201 8000

Email info@grangeinsurance.com.au

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Grange Insurance Solutions Pty Ltd

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