

CORPORATE



COMMERCIAL



PERSONAL



ONLINE



I N S U R A N C E S O L U T I O N S



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ABN 81 153 685 922 | AFS Licence No: 418512

INSURED

DRIVER'S FULL NAME

POLICY NUMBER..... CLIENT CODE.....

DATE OF BIRTH OCCUPATION

DRIVERS LICENCE NO. EXPIRY DATE

No YEARS LICENSED.

VEHICLE DRIVEN..... REGISTRATION.....

IN THE PAST 5 YEARS HAS THE DRIVER BEEN INVOLVED IN ANY
ACCIDENTS, FIRES, THEFTS WITH VEHICLES/CYCLES?

YES / NO

Date of accident	Details	Amount of damage (\$)	Insurance Co.
.....
.....

HAS THE DRIVER HAD ANY INSURANCE CANCELLED OR
REFUSED? (IF YES, PLEASE PROVIDE DETAILS)

YES / NO

Date	Details	Insurance Co.
.....
.....

HAS THE DRIVER HAD ANY TRAFFIC (including speeding), ALCOHOL, DRUG OR THEFT
RELATED CONVICTIONS, OR LOSS OF LICENCE, OR ANY PENDING? YES / NO

Date of conviction	Type of conviction	Period of cancellation/ suspension and/or points
.....
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I acknowledge that – I have read and understand the questions asked and the answers
provided are true and correct.

SIGNATURE DATE