

# SPECIFIED DRIVER APPLICATION QUESTIONNAIRE



Name of Policyholder: ..... Policy Number: .....  
 Tel. number: ..... Fax. number: .....

## Information of the applicant who will be the specified driver

Name of driver: .....  
 Relationship to Policyholder: .....  
 Effective from: .....  
 Telephone no: Work: ..... Home: ..... Cell: .....  
 Physical Address: .....  
 Occupation: .....  
 Date of birth: ..... ID number: .....  
 Date of issue of first drivers licence: ..... Code of drivers licence: .....  
 Usage of vehicle: .....

Has the specified driver previously been insured? Yes  No

If yes, please provide the following details for the previous 5 years:

Insurance Company	Period	Policy Number

During the past 5 years, **whether insured or not**, has he/she been involved in a motor accident? Yes  No

If yes, please provide:

Insurance Company	Policy Number	Date of loss	Type of loss	Value of loss

*( Should you require additional space, please write on a blank paper and attach to this form)*

Has he/she ever written off a vehicle? Yes  No

If yes, please provide:

Date	Value	Driver of the vehicle

Signature of Policyholder: ..... Signature of Driver: .....

Date: .....

