CORPORATE COMMERCIAL PERSONAL ONLINE
INSURANCE SOLUTIONS

Elliott INSURANCE BROKERS

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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
.....	.....	.....
.....	.....	.....

I acknowledge that – I have read and understand the questions asked and the answers provided are true and correct.

SIGNATURE ..... **DATE** .....