



Customer Information Form

	Hirer	Driver 1	Driver 2
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- 1) Full Name: _____
- 2) Address Local: _____
 Room No.: _____
 Overseas: _____
 Email: _____
 Tel: (H) _____
 Tel: (M) _____
 D.O.B.: _____
 Drivers License #: _____
- 3) Occupation: _____
- 4) State full purposes for which the car will be used: _____
- 5) How long have you been driving a Motor Vehicle continuously? _____
- 6) Have you, had any accidents or losses during the last three years in connection with any Motor Vehicles? If yes, please give full details: _____
- 7) Have you, been convicted during the last five years of any offence in connection with any Motor Vehicles? If yes, please give full details: _____
- 8) Have you, a valid driving license free from endorsement, suspension, etc.? _____
- 9) To the best of your knowledge and belief do you suffer/have suffered from any physical infirmity or defective vision or defective hearing or diabetes or epilepsy/fits or loss of consciousness/blackouts, heart defects or medical conditions?

- 10) Are you now insured or previously insured in respect of any Motor Vehicle? _____ If yes, please state name and address of Company.

- 11) Has any Company in connection with Motor Insurance for you at any time:-
 - i) Declined any proposal _____
 - ii) Imposed an excess (deductible) over and above the normal _____
 - iii) Required an increased Premium or imposed special conditions _____
 - iv) Refused to renew any policy _____
 - v) Cancelled any policy _____