



IMPORTANT NOTICE PLEASE READ CAREFULLY

MOTOR VEHICLE INSURANCE RENEWAL YOUR DUTY OF DISCLOSURE

The Insurance Contracts Act imposes a Duty of Disclosure on you as the Insured (for further details please see our invoice). In order to renew your policy we are required to ask for the following information.

Have any of the regular drivers in the last insurance period had - Drink Driving offence, Dangerous Driving offence, Traffic Convictions of any kind, Motor Accidents of any kind, any charges of a Criminal Nature, been declared bankrupt?

If yes, please provide us with full details to enable us to disclose this information to the relevant Underwriter.

Insured/Regular Driver/s:

Date of Birth:

Policy Number:

Details of Convictions/Claims/Offence:

<u>Date</u>	<u>Description of Incident</u>	<u>Fine</u>	<u>Demerit Points Lost</u>	<u>Months Suspended</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If this form is not returned to this office within fourteen (14) days from the renewal date we will assume that you have nothing to disclose.

Thank you for your assistance

Signature: _____

Date: _____

Name: _____

Policy Number: _____

Account Reference: _____