

DRIVEASY driver's experience form

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 3939, Auckland 1140, New Zealand, Tel 0800 300 133, Fax 09 308 1115

Pursuant to the Privacy Act 1993

The following is brought to your attention:

- (a) This proposal form collects personal information about you;
- (b) The collection of this information is required pursuant to the terms of your insurance policy;
- (c) The information is collected to evaluate the insurance being sought and any claim you may make;
- (d) The failure to provide this information may result in your claim being declined;
- (e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- (f) Lumley may pass your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993.

Particulars of the Driver

Vehicle Registration No:							
	Surname	Given names	Male or female	Full NZ licence for	Date of birth	Present age	Percentage of vehicle use
Owner				Yrs			
Principal driver				Yrs			
Other				Yrs			
Other				Yrs			
Other				Yrs			

General Questions

1 Have you or any intended driver:

(a) Been in charge of any vehicle that has been involved in any motor accident in the past 5 years? Yes No

(b) Ever had a vehicle or its accessories stolen or burnt (whether an insurance claim was made or not)? Yes No

(c) Been convicted of or charged with any driving offence (including speeding) or been issued with an offence or infringement notice (other than parking) in the past 5 years? Yes No

(d) Had their licence cancelled, suspended, or endorsed, or been disqualified from driving? Yes No

(e) Any hearing or eyesight impairment or any physical or mental handicap not endorsed on their licence? Yes No

(f) Ever withdrawn a claim? Yes No

(g) Ever had insurance refused, cancelled or avoided, renewal not offered, special conditions imposed or a claim refused? Yes No

(h) Ever had any conviction or currently have a pending prosecution for a criminal offence? Yes No

(i) Ever been involved in criminal activity or had criminal associations? Yes No

2 Is the vehicle to be insured owned or registered other than by the 'owner' as shown above? Yes No

3 Is there any further information that may affect the acceptance of this insurance? For example: (note: this is not an exhaustive list) bankruptcy or insolvency, flood, hazardous processes or greater than normal risk of loss or damage. Yes No

If 'Yes' to any of the above, please give details:

Declaration

I/We declare that the answers given above and on any attachment are in every respect correct.

Signature of Insured(s):	Date: / /
Signature of Insured(s):	Date: / /