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OWNER-VEHICLE ENQUIRY

To be completed by the vehicle owner/driver only

NAME _____ ADDRESS _____

PHONE _____ MOBILE _____ EMAIL _____

DATE OF BIRTH _____ TYPE OF VEHICLE: MAKE _____ MODEL _____

YEAR OF MANUFACTURE _____ VEHICLE REGISTRATION NUMBER _____

Are you the registered owner of the vehicle? Yes No

Is the vehicle insured? Yes No

If YES: Please list name of insurer _____ What is your current driver rating? _____

Are you the insured? Yes No

Have you had any 'at fault' claims in the last five years? Yes No

If YES, please list dates and details _____

How long have you held a Drivers Licence? _____ Years _____ Months

Drivers Licence Number _____ Date of Issue _____ Expiry Date _____

Have you held a Drivers Licence in another state of Australia? Yes No

If YES: Which states? _____ Number of years _____

Will you agree to have a Drivers History Report completed? Yes No

PRINT NAME _____ SIGNATURE _____ DATE _____

DRIVING YOUR BUSINESS