



NAME			
FIRST NAME			
DATE OF BIRTH			APPLICATION OR POLICY NUMBER
D	M	Y	

DRIVING QUESTIONNAIRE

1. Your Driver Licence Number: _____
- IN THE LAST 5 YEARS**
2. Have you been convicted with any driving violation? Yes No

VIOLATION	NUMBER OF VIOLATIONS OR ARRESTS	DATES OF VIOLATIONS OR ARRESTS	NUMBER OF DEMERIT POINTS
PARKING VIOLATION			
SEAT BELT VIOLATION			
SPEEDING			
DISOBEY TRAFFIC CONTROL DEVICE VIOLATION			
FAIL TO STOP VIOLATION			
ILLEGAL PASSING			
NO FAULT ACCIDENT			
CHARGEABLE ACCIDENT			
OTHERS (SPECIFY)			

WITHOUT ANY CONSIDERATION FOR ANY TIME PASSED

3. Has your driver license ever been suspended or been revoked as a result of any of the driving violation mentioned above? Yes No
- If yes,** - Reason: Accumulation of demerit points? Yes No
- Unpaid fines? Yes No
- Other? (Specify) _____
- Date license suspended: _____ Duration: _____
- Did you drive while your license was suspended? Yes No **If yes,** when: _____
- When did you or will you recover your driver's license? _____
4. Have you ever been arrested for driving while impaired? Yes No
- If yes,** - Date of the arrest: _____
- Have you been found guilty? Yes No **If yes,** when: _____
- Did you drive while your license was suspended? Yes No **If yes,** when: _____
- When did you or will you recover your driver's license? _____
5. Have you ever been found guilty of: leaving the scene, dangerous driving, criminal negligence or others? Yes No
- If yes,** - when: _____ Details and circumstances: _____
- Did you drive while your license was suspended? Yes No
- When did you or will you recover your driver's license? _____

I declare that all statements and answers provided above are complete and true and that the information shall form part of my insurance application with **UL Mutual**.

X _____ X _____
 SIGNATURE OF THE PROPOSED INSURED SIGNATURE OF THE POLICY OWNER

X _____ DATE _____
 WITNESS