

Driving Record Questionnaire

First Name: _____
 Policy Number: _____

Last Name: _____
 Date of Birth _____ (DD/MM/YYYY)
 Driver's License Number: _____

1. In the past three years, have you broken the Highway Code? Yes No

If yes, please answer the following questions:

Infractions	Number of fines or arrests	Date of fines or arrests	Number of demerit points
Non-use of seat belt	_____	_____	_____
Excessive speed	_____	_____	_____
<input type="checkbox"/> 35 km/h or less over limit	_____	_____	_____
<input type="checkbox"/> 36 km/h or more over limit	_____	_____	_____
Traffic lights/Required stop	_____	_____	_____
Illegal passing	_____	_____	_____
At-fault accident	_____	_____	_____
Other (specify): _____	_____	_____	_____

2. Has your license ever been suspended or revoked as a result of the above infractions? Yes No

If yes, please answer the following questions:

Reasons: Accumulated demerit points
 Unpaid fines
 Other (specify): _____

Date your license was suspended or revoked: _____ Duration: _____
DD/MM/YYYY

Date your license was reinstated or expected date of reinstatement: _____ (DD/MM/YYYY)

3. Have you ever been arrested for impaired driving? Yes No

If yes, please answer the following questions:

Date of arrest: _____ (DD/MM/YYYY)

Were you found guilty? Yes No If yes, date: _____ (DD/MM/YYYY)

Date your license was reinstated or expected date of reinstatement: _____ (DD/MM/YYYY)

4. Have you ever been found guilty of: hit and run, dangerous driving or criminal negligence? Yes No

If yes, please answer the following questions:

Date: _____ Specify the type of infraction: _____
(DD/MM/YYYY)

Date your license was reinstated or expected date of reinstatement: _____ (DD/MM/YYYY)

5. Did you drive while your license was suspended or revoked? Yes No

6. Please provide any other information you believe is important: _____

7. Criminal record: Have you ever been convicted of a crime or violation of any law? Yes No

If yes, please answer the following questions:

Nature of the conviction(s): _____

Dates: _____ (DD/MM/YYYY)

Sentence: _____

Probation: Yes No If yes, give dates: Starting date: _____ End date: _____
(DD/MM/YYYY) (DD/MM/YYYY)

I declare that the above information is true and complete and acknowledge that it shall form part of my insurance application with Assumption Life.

Signature of proposed insured (parent or legal guardian if a minor)

Date (DD/MM/YYYY)