

# Additional Driver's Form

## Policyholder

Name: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

## Additional Driver

A) Name of Additional Driver: \_\_\_\_\_

B) Relationship to Insured: \_\_\_\_\_

C) Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

D) Occupation (including part-time occupations): \_\_\_\_\_

E) Does he/she hold a full licence or a provisional licence? Full  Provisional   
 Date test passed if full: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date first licenced if provisional: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Licence number: \_\_\_\_\_

F) Will the vehicle be used solely for social, domestic and pleasure purposes? Yes  No   
 If "No", please give full details: \_\_\_\_\_

G) Will he/she be the main driver of the vehicle? Yes  No

H) Has he/she been involved in any accidents or claims within the past 5 years? Yes  No   
 If "Yes", please give full details: \_\_\_\_\_

I) Has he/she had any penalty points, convictions or disqualifications arising from a motoring offence within the past 5 years, or have any prosecutions pending? Yes  No   
 If "Yes", please give full details: \_\_\_\_\_

Number of Penalty Points eg. 0, 2, 4 etc. \_\_\_\_

J) Does he/she suffer from Diabetes, Epilepsy, a heart condition, defective hearing or vision, or any other medical condition, disease or physical infirmity? Yes  No   
 If "Yes", please give full details: \_\_\_\_\_

K) Has he/she ever been refused motor insurance or had a policy cancelled? Yes  No   
 If "Yes", please give full details: \_\_\_\_\_

L) Does he/she own their own vehicle? Yes  No

## Declarations

I warrant that all the above statements and particulars are true and complete and that I have not suppressed, misrepresented or mistated any material fact. I hereby consent to my personal data being used, processed, disclosed and retained as set out in this form.

Signature of Additional Driver: **X** \_\_\_\_\_ Date **X** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## Data Protection Acts - Collection and use of personal information

In these statements references to information include personal data and information given by you to Us, whether in your Proposal, any claim form you submit to Us or otherwise, any information We may collect in connection with any product or service We provide, information made available about you disclosed to Us by another party in connection with the transfer to Us of such party's rights and duties to you under any other insurance arrangements.

Allianz p.l.c. is a member of the Allianz Group, and shall be the data controller in respect of all such information. References to We and Us in these statements and consents shall be construed accordingly.

**USES.** Information you supply may be used for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention) by Us, our agents, our reinsurers and any intermediary acting for you. In assessing any claims made, We may undertake checks against publicly available information such as electoral roll, court judgements, bankruptcy or repossessions.

**DISCLOSURE.** We may share with our agents and service providers, members of the Allianz Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing, and regulatory bodies (of which We are a member or by which We are governed), information We hold about you and your claims history. This includes Insurance Link, the Irish Insurance Federation's anti-fraud claims matching database. We may in certain circumstances use private investigators to investigate a claim.

**SENSITIVE DATA.** We may need to collect sensitive data relating to you (such as medical or health record or condition, convictions etc.) in order to assess the terms of insurance We issue/arrange or to administer claims which arise. By your signature you signify your consent to such information being used, processed and disclosed by Us, our agents and other insurers for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention).

**RETENTION.** We will not retain your data for longer than is necessary for the purposes for which it is obtained. If you provide personal data to Us and you do not become an insured We will not retain your data for longer than six months.

**CONSENT.** By providing Us with your information and by your signature you consent to all of your information being used, processed, disclosed and retained for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention).

**REPRESENTATION.** By your signature you warrant and represent to Us that in respect of any personal data of any data subject which you provide to Us, you have the authority of that data subject to disclose such data to Us on these terms and conditions and for all the purposes herein set out and to give the consents set out above on behalf of each such data subject, and accordingly, all references in these statements to you or your shall be deemed to include any such data subject.

**ACCESS.** You have the right to request and receive a copy of your personal data held by us. Should you wish to exercise this right, you should write to us under Section 4 of the Data Protection Acts 1988 and 2003, for the attention of the Data Protection Officer, at Allianz House, Elmpark, Merrion Road, Dublin 4. A fee of €6.35 is chargeable under the terms of the Data Protection Acts and cheques should be made payable to Allianz.

I hereby declare that, to the best of my knowledge, the above information is true and complete and I agree that this document shall be incorporated into and shall form part of the contract between me/us and the Company.

Signature of Policyholder: **X** \_\_\_\_\_ Date **X** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**When would you like cover to commence for additional driver?**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**Duty of Disclosure:** We wish to draw your attention to the serious consequences of failure to disclose all material information. Material information is that which we would regard likely to influence our assessment and acceptance of this insurance. If you are in any doubt as to whether or not any information is material, it should be disclosed.

Please return to: Allianz, Direct Division, P.O. Box 48 48, Freepost, Dublin 4.

This address may be used on any envelope. It's free and ensures delivery directly to our Customer Services Staff. Telephone: 1850 48 48 48

Fax: 01-660 5214