

**Application Form for
Deletion or Additional Named Driver under Motor Policy**

Name of Insured _____

Motor Policy No.: _____

Deletion Named Driver _____

Particulars of Additional Named Drivers:

Full Name of Driver	HK I.D. No.	Age	Occupation	Driving Experience

N.B. Unless specially agreed, drivers aged below 25 or having less than 2 years of driving experience will normally not be accepted.

Have any of the above drivers:

1. Have any of the above drivers ever been disqualified or accumulated more than 12 driving offence points in the last 24 months? Yes No
if "Yes", Please give full details

2. Have any of above drivers made a motor claim in the last 3 years? Yes No
if "Yes" Please give full details

Declaration:

I/We declare that no the best of my/our knowledge and belief, the foregoing filled-in information is true and complete in every respect.

Insured's Signature _____ Date: _____