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By completing this form, you consent to the use of your data as outlined below:

- Data Retention:** We will keep the data you provide for 7 years as required by law. After that, it will be kept indefinitely for statistical and research purposes. Your privacy will be protected through anonymization or pseudonymization of the data.
- Data Usage:** During the retention period, your data may be used to fulfil legal obligations, respond to authorized inquiries, conduct internal analysis, direct marketing, and generate anonymized statistics.
- Data Security:** We implement measures to ensure the security and confidentiality of your data, including secure storage, restricted access, encryption, and monitoring.
- Data Sharing:** We may share your data with authorized third parties for legal compliance or research purposes, ensuring they comply with Jamaica's data protection requirements.
- Your Rights:** You have rights to access, rectify, erase, restrict processing, and data portability. For concerns or inquiries, please contact us. For our full privacy statement please visit our website at <https://www.ironrockjamaica.com/customer-care/privacy-and-security/>

I consent to the data privacy terms above: _____

DRIVER(S) APPLICATION FORM

DUTY TO DISCLOSE. This form must be completed, dated and signed by all proposed drivers. When answering the questions, you must be honest and truthful. You have a duty under law to tell us anything known to you which is material to the questions asked as those answers will guide us in deciding whether to accept you as a driver under the policy and on what terms. If you are in doubt as to whether a fact is relevant you should state it.

FAILURE TO DISCLOSE. If you do not answer our questions honestly, the Company may decline the Application.

Name of Insured
Policy Number
Vehicle Registration Number
Vehicle Year/Make/Model

PARTICULARS OF DRIVER(S) _____

Driver	Name(s)	Home Address(es)	Occupation(s)	Date of Birth	Relationship to Proposer
1					
2					
3					

Driver	Class of Driver's Licence	Driver's Licence Number	Original Issue Date	Expiry Date
1				
2				
3				

To the best of your knowledge and belief have you suffered or now suffer from:	Driver 1		Driver 2		Driver 3		If yes, please give details below:
	Yes	No	Yes	No	Yes	No	
Defective Vision or Hearing?							
Diabetes, Epilepsy, complaints of the heart or any other disease?							
Any other physical or mental infirmity?							
Have you received any traffic ticket(s) within the last three (3) years?							
Have been convicted of any offence in connection with the driving of any motor vehicle within the last three (3) years?							
Are you now or have you been insured in respect of any vehicle?							
Has any Insurer(s) Ever:							If yes, please give details below:
Declined your proposal?							
Required and increased premium or imposed special conditions?							
Cancelled or refused to renew an existing insurance?							



Have you had any accidents or losses during the past three (3) years (whether insured or not) in respect of all vehicles:

- I. Owned by you, whether or not you were the driver at the material time?
- II. Not owned by you, but driven by you or in your custody at the material time?

Yes No

If Yes, Please Give Details Below

Date of Accident	Cost (Paid or Estimated)	Driver	Brief Details of Accidents, Incident or Losses

I/We declare that the above answers are true and that all particulars affecting the assessment of the risk have been disclosed.

Driver 1 _____
Signature / Date

Driver 2 _____
Signature / Date

Driver 3 _____
Signature / Date

Insured's Signature/Date

Company's Seal/Stamp (If applicable)