

DRIVER SAFETY ASSESSMENT

TO BE COMPLETED BY EACH DRIVER LISTED ON THE RENTAL AGREEMENT

MEDICAL HISTORY

- | | YES | NO | | YES | NO |
|---|--------------------------|--------------------------|--|--------------------------|--------------------------|
| 1. Do you consider yourself to be in good health?
If "NO" please state reason:

_____ | <input type="checkbox"/> | <input type="checkbox"/> | 5. Have you ever had any of the following?: | | |
| | | | a. Chest operations | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | If "YES" please specify:
_____ | | |
| 2. Have you any defect of vision?
If "YES" please state nature of defect:

_____ | <input type="checkbox"/> | <input type="checkbox"/> | b. Chest injuries | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | If "YES" please specify:
_____ | | |
| 3. Have you any hearing defect?
If "YES" please state nature of defect:

_____ | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have you ever suffered from the following
heart problems in the past 5 years?: | | |
| | | | a. Heart attack | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | b. Aneurysm | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | c. Blockage | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | If "YES" to any of the above, please state
when it happened:
_____ | | |
| 4. Are you suffering from or have you ever
suffered from any of the following?: | | | 7. Has a doctor told you that you have high
blood pressure? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Epilepsy (or fits, seizures, convulsions) | <input type="checkbox"/> | <input type="checkbox"/> | If "YES" have you had any treatment for high
blood pressure (hypertension)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Rheumatic fever | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| c. Diabetes | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| d. Stroke | <input type="checkbox"/> | <input type="checkbox"/> | | | |

MOTOR INSURANCE

- | | | |
|--|--|---|
| 1. How many times have you driven a motor
vehicle in the last 28 days?
_____ | | c. Circumstances of the incident:

_____ |
| 2. Which of these vehicles are you most used to driving?:
Automatic <input type="checkbox"/> Manual <input type="checkbox"/> | | d. Indicate who was at fault and why:

_____ |
| 3. Have you had any accidents, losses or claims
(irrespective of who was at fault) within the
last 3 years? <input type="checkbox"/> <input type="checkbox"/>
If 'YES' please give details (amounts must be included):

_____ | | e. If you were at fault please give details:

_____ |
| a. Date of incident (DD/MM/YY):
_____ | | |
| b. Name of driver:
_____ | | |



YOU RENT A LOT MORE THAN A CAR.

YES NO

YES NO

f. Total cost of:
- settled claims and/or estimate of outstanding claims:

- third party/own damage/other:

4. a. Have you or any driver been convicted of any driving offence in connection with a motor vehicle in the last 5 years?
If 'YES' please give details:

b. Have you ever been disqualified from holding a driving licence?
If 'YES' please give details:

c. Do you have any prosecutions pending?
If 'YES' please give details:

5. Has your or any driver's driving licence been subject to a Fixed Penalty Notice (Penalty Points) within the last 3 years?
If 'YES' please state how many penalty points are held on the license:

6. What side of the road do you drive on in Ireland?
Left Right

7. What do you do when you come to a roundabout?
Give way to the right Proceed without attention

8. What types of roads have the greatest likelihood for accidents?
Motorways Dual Carriage Ways
Narrow Country Roads

9. What part of the car is most liable to damage on narrow country roads?
Rear End Front Left Side Driver Side

10. If you damage the car such that it is not driveable do you automatically receive a replacement car?

11. Please mark in order of priority (mark 1, 2, 3) the actions required by the driver to minimise car accidents.
- Slow down: _____
- Concentrate at all times: _____
- Stay on the correct side: _____

12. If you do have an accident do you carry out the following?:
Call an ambulance if there are personal injuries:
Call the AA (emergency recovery) if the Car is immobile:

13. Where are children correctly seated?
In the rear with seat belt on:
In front passenger seat:
Anywhere they wish:

14. Are wearing seatbelts by all occupants compulsory in Ireland?

15. Is it company policy to pursue the driver for any losses suffered in the case of drink/drugs driving or excess speeding which have contributed to or caused an accident?

DECLARATION OF DRIVER

I declare that to the best of my knowledge and belief the above statements made by me are true and complete and that nothing materially affecting the risk has been concealed.

Name of the Driver in Capitals: _____

Signature of Driver: _____

Date (DD/MM/YY): _____

Irish Car Rentals reserves the right to not supply a rental vehicle where it is deemed by Irish Car Rentals that by doing so creates an unacceptable risk of loss or injury to the driver and/or others.

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