



Company Reg. No: 2008/005015/07 Vat Reg. No: 4350242386  
Compliance Officer: Moonstone Compliance  
Authorised Financial Service Provider – FSP No. 40752

Old Mutual Insure Limited,  
Registration Number 1970/006619/06.  
A licensed FSP and non-life insurer. (FSP12)

THIS FORM HAS BEEN PROVIDED SO THAT YOUR TREATING DOCTOR, OPTOMETRIST OR OPHTHALMOLOGIST (IF REQUIRED) MAY PROVIDE THEIR OPINION AS TO WHETHER OR NOT YOU MEET THE MEDICAL AND/OR VISUAL STANDARD FOR DRIVING A MOTOR VEHICLE.

Part 1 of this form should be completed by you before giving the form to your treating doctor;  
Part 2 should be completed by your treating doctor after considering any report from a specialist, optometrist or ophthalmologist (if required);  
Part 3 should be completed by the treating optometrist/ophthalmologist if the vision or eye disorder is not rectified by wearing glasses or contact lenses (if required).

Part 1 and 2 of this form must be completed in full

PART 1: PERSONAL DETAILS (TO BE COMPLETED BY THE DRIVER)									
Names and Surname:									
Date of Birth:		____/____/____		Gender:		MALE		FEMALE	
Residential Address:								Code:	
License Expiry Date:		____/____/____							
1.2	What type of license do you currently hold?			Car		LDV		Truck	
1.3	Do you need to wear glasses or contact lenses for driving?							YES	NO
1.4	Drivers declaration								
I declare that the information to my treating doctor, optometrist or ophthalmologist (if required) about my medical condition is, to the best of my knowledge, true and correct.									
<b>Driver's signature</b> (sign in the presence of the medical doctor)									
					Date: ____/____/____				
PART 2: MEDICAL ASSESSMENT (TO BE COMPLETED BY MEDICAL DOCTOR)									
2.1	Were you familiar with this person's medical history prior to this assessment?							YES	NO
2.2	How long has this person been treated at this medical practice?			____ weeks	____ months	____ years	NOT APPLICABLE		
2.3	What is your assessment of this person's vision? (Note: Do not complete if Part 3 has been completed by an optometrist or ophthalmologist)								
2.3.1	Visual fields (confrontation to each eye)							NORMAL	ABNORMAL
2.4	Does this person need to wear glasses or contact lenses for driving? (Note: Do not complete if Part 3 has been completed by an optometrist or ophthalmologist)							YES	NO
2.5	Does this person have any other vision or eye disorders? (Note: Part 3 may be required to be completed if the disorder is not rectified by wearing glasses or contact lenses)							YES	NO
2.6	Does this person's medical condition require periodic review?							YES	NO
If YES, what is the review date:							Date: _____		
MEDICAL DOCTOR DETAILS (PLEASE PRINT)									
Names and Surname:									
Tel. Number		Email address:							
Address:								Code:	
Signature:					Date: ____/____/____				

PART 3: EYESIGHT ASSESSMENT (TO BE COMPLETED BY THE OPTOMETRIST OR OPHTHALMOLOGIST, IF NECESSARY)				
3.1	In my opinion, the person named in this report:	A	Meets the visual criteria for driving a motor vehicle	
		B	Meets the visual criteria for driving a motor vehicle but requires regular eye tests	
		C	Does not meet the visual criteria for driving a motor vehicle	
3.2	Does this person need to wear glasses or contact lenses for driving?		YES	NO
3.3	Further Comments, if any:			
OPTOMETRIST / OPHTHALMOLOGIST'S DETAILS (PLEASE PRINT)				
Names and Surname:				
Tel. Number		Email address:		
Address:				Code:
Signature:		Date: ____/____/____		

**PRIVACY NOTICE – PROTECTION OF PERSONAL INFORMATION ACT (“POPIA”)**

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

**We may use your information or obtain information about you for the following purposes:**

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

**YOUR rights**

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information. You also have the right to complain to the Information Regulator.

To view our full privacy notice with contact details for the Information Regulator, please visit our website on:

<https://frontlineinsurance.co.za/popi/>