

Drivers Declaration

DETAILS OF INSURED

Name: _____
Address: _____
State: _____ Post Code: _____

DRIVER'S DETAILS

Surname: _____ First name: _____ Second name: _____
Address: _____
State: _____ Post Code: _____
Date of birth: _____ / _____ / _____
Licence number: _____ Expiry date: _____ State issued: _____
Current classes held: _____ Years held: _____
Previous classes held: _____ Years held: _____

DRIVER'S HISTORY

In the past 5 years have you:
Had any Criminal Convictions including Drug Related offences? Yes No
Had your license Suspended, Cancelled or Conditions imposed? Yes No
Been convicted for DUI, Dangerous Driving, Negligent Driving, Culpable Driving or any other major driving offences? Yes No

If you have answered 'Yes' to any of the above questions, please provide details below:

Do you suffer from any of the following:
Diagnosed Sleeping Disorders? Yes No
Eye disorders or restricted vision? Yes No
Physical or Mental impediments? Yes No
High Blood Pressure, Heart Condition, Diabetes or Asthma? Yes No
Any other Condition that may interfere with or affect your ability to drive correctly or control the vehicle? Yes No

If you have answered 'Yes' to any of the above questions, please provide details below:

ACCIDENT HISTORY

Please list in the spaces below, details of any accidents you have had in the past 5 years, including thefts and other insured losses and any accidents that were not reported to Insurance Companies (If insufficient room please attach separate list):

ACCIDENT 1	Date: / /20	Amount claimed/lost:
	Details of how accident, claim or loss occurred:	
ACCIDENT 2	Date: / /20	Amount claimed/lost:
	Details of how accident, claim or loss occurred:	
ACCIDENT 3	Date: / /20	Amount claimed/lost:
	Details of how accident, claim or loss occurred:	

Were you charged over any of the above? If so, please detail below:

PREVIOUS EMPLOYERS

Please detail below the details of who you have driven for previously and the type of work undertaken (If insufficient room please attach separate list):

EMPLOYER 1	Name of Employer:	From:	To:
	Details of loads, distances and vehicles:		
EMPLOYER 2	Name of Employer:	From:	To:
	Details of loads, distances and vehicles:		
EMPLOYER 3	Name of Employer:	From:	To:
	Details of loads, distances and vehicles:		

What date did you start work for the Insured? / /

PRIVACY STATEMENT

The Privacy Act 1988 requires us to tell you that as an Insurer, We collect Your personal information in order to decide whether to issue a Policy, determine what terms and conditions will apply, compile data and handle any claims. We only disclose your personal and other details to third parties when it is necessary to provide the relevant services and products. For example, We may have to disclose your information to other Insurers, Loss Adjusters and Investigators in the event of Claim. We do not rent, sell or trade your personal information. For further information regarding our Policy on Privacy and your rights, please refer to the PDS or our Website or contact our office directly.

DECLARATION

By signing this declaration You authorise Us to obtain any information that We may require from other sources in respect of Claims and other details to fully assess the Risk. For example, We may need to verify claims histories and driving histories provided in this Declaration. Further, by signing this Declaration, You agree that We have the right to refuse Insurance Cover to any vehicle that is in being driven by or in the control of the Driver named in this Declaration if We have not or will not approve him/her due to their Driving, Claims, Criminal or Medical History, or have not received sufficient information to make an assessment. We also take this opportunity to remind You of Your Duty of Disclosure under the Insurance Contracts Act of 1984 and that We may reduce or refuse a claim or cancel your policy in full where you have failed to disclose information that is vital to us making a full assessment of the Risk involved.

We hereby declare that the information supplied by Us in this Declaration is true and correct.

Driver's Name:	Signature:
Date: / /20	Time: <input type="checkbox"/> am <input type="checkbox"/> pm
Insured's Name:	Signature:
Date: / /20	Time: <input type="checkbox"/> am <input type="checkbox"/> pm



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