



DRIVER DECLARATION

Client name

Client No.

Policy No.

Expiry date

We are collecting this information to help provide the right insurance for your employer. Please help us by answering the following questions.

SECTION 1: COMPANY DETAILS

Company / Policyholder's name:

Address:

State: Postcode: Phone number:

SECTION 2: DRIVER DETAILS

Driver's name:

Date of birth: / /

Address:

State: Postcode: Phone number:

How long have you held a driver's licence? Years Months

SECTION 3: LICENCE DETAILS

Licence Category	Licence Number	Years Held	Expiry Date
Heavy Vehicle Licence:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Forklift Licence:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dangerous Goods Licence:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please attach a **full driver's licence history print out** from your State Transport Authority. Please note we cannot process this form without this print out.

SECTION 3: DRIVING EXPERIENCE

Please provide details of the licence category of the vehicle you will be driving in this job, how many years' experience you have driving this type of vehicle and the average distance travelled per journey:

<input type="checkbox"/> MC	<input type="text"/> years	<input type="checkbox"/> 200kms	<input type="checkbox"/> 450kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850kms
<input type="checkbox"/> HC	<input type="text"/> years	<input type="checkbox"/> 200kms	<input type="checkbox"/> 450kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850kms
<input type="checkbox"/> HR	<input type="text"/> years	<input type="checkbox"/> 200kms	<input type="checkbox"/> 450kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850kms
<input type="checkbox"/> MR	<input type="text"/> years	<input type="checkbox"/> 200kms	<input type="checkbox"/> 450kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850kms
<input type="checkbox"/> LR	<input type="text"/> years	<input type="checkbox"/> 200kms	<input type="checkbox"/> 450kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850kms

How many average kms do you expect to travel per journey in this job?

200kms 450kms 850kms Over 850kms

What kind of freight will you be carrying?

What will be the primary route/s?

SECTION 5: HEALTH

Have you had a medical test in the last 12 months? **Yes** **No**

If **No**, when was your last medical test? years months

If **Yes**, were you declared fit to drive? **Yes** **No**

Did you test positive to diabetes, sleep apnea or another significant medical condition which is reasonably likely to impact your driving capability? **Yes** **No**

If **Yes**, is the condition managed to the satisfaction of the medical practitioner, enabling you to drive a heavy vehicle? **Yes** **No**

SECTION 5: FULL DRIVING HISTORY

Have you ever been convicted of:

Driving under the influence of alcohol? **Yes** **No**

If **Yes**, what type of vehicle were you driving? **Truck** **Car**

Driving under the influence of drugs? **Yes** **No**

If **Yes**, what type of vehicle were you driving? **Truck** **Car**

Driving dangerously, at fault, negligently or without due care? **Yes** **No**

Speeding at 15 – 30 km/hr or more over the posted limit in the last 12 months? **Yes** **No**

Have you ever had your licence endorsed, suspended or cancelled? **Yes** **No**

Have you held a different interstate licence, other than the licence number stated on this form, within the last 5 years? **Yes** **No**

Have you ever been convicted of a criminal offence? **Yes** **No**

Have you ever been convicted of a drug offence? **Yes** **No**

If you answered **yes** to any of these questions, please attach a **full driver's licence history print out** from your State Transport Authority. (Please note we cannot process this form without this print out). **Yes** **No**

SECTION 7: ACCIDENT HISTORY

Have you ever been in an accident? **Yes** **No**

If **Yes**, what type of vehicle were you driving? **Truck** **Car**

Were you found by police and investigators to be at fault? **Yes** **No**

Was it a: single-vehicle accident multi-vehicle accident

If you answered **Yes**, please provide the following:

Date of accident	Description	Approx. cost of damage	Who was at fault?
		\$	
		\$	
		\$	

If there is not enough space, please attach a signed and dated declaration to this document.

SECTION 8: TRAINING HISTORY

Please provide details of any training you have completed, or are currently completing:

Course	(Please include date)		(Please tick)	
	Completed	Currently completing	Company funded	Personally funded

SECTION 9: RECENT EMPLOYMENT HISTORY

Please provide details for the last four years:

Company name:

Address:

State: Postcode: Phone number:

Contact person: Title:

Start date: / / Finish date: / /

Type of freight carried:

Type of vehicle driven: MC HC HR MR LR C Other (please specify):

Average kms travelled per week:

If there is not enough space provided, please photocopy this page and attach to this document.

PRIVACY STATEMENT

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us. The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers; other service providers, hospitals, medical, health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information by contacting us at our address shown on this form.

YOUR DUTY TO DISCLOSE

Before you enter into a contract of general insurance with an insurer, you have a duty, under the 'INSURANCE CONTRACTS ACT 1984', to disclose to the insurer every matter that you know, or could be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Non disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

DECLARATION

I hereby declare that I have read the privacy statement above and consent to the collection of the above information by NTI. I hereby declare and warrant that I have read this questionnaire and that the answers above are in every respect true and correct and that I have not withheld any material information. I also agree at the request of NTI to obtain from the relevant authority or Government department a complete and up to date record of offences.

Driver's Signature:

Date: / /

I/We understand that no insurance for any vehicle in the control of the above-stated driver is in force until such time that this Driver Declaration is approved in writing by National Transport Insurance to include cover for this driver under this policy.

Insured's Signature:

Date: / /

Please note: This application is not valid unless signed by both the Insured and Driver and dated accordingly.

OFFICE USE ONLY

Client ID No:

Broker:

The driver stated in this declaration is:

Accepted Not accepted by NTI Driver Calculator

Approved Not approved by National Transport Insurance

Special conditions apply: **Yes** **No**

*If yes, please refer to the policy schedule.

Date: / / Initials:

NTI Limited (ABN 84 000 746 109) (AFSL 237246) is the manager for National Transport Insurance, an equal-partner joint venture of CGU Insurance Limited (ABN 27 004 478 371) and Vero Insurance Limited (ABN 48 005 297 807). This means that each insurer is responsible for its one half share.

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