

Heavy Motor Vehicle Driver Declaration

Business Details

Business and trading name _____

Main depot address _____
 _____ Postcode _____

Business description _____

Contact person _____

Contact phone Number _____

Driver Details

Driver name _____

Address _____
 _____ Postcode _____

Date of Birth ____ / ____ / ____

Years of driving _____

Licence Details

Licence number _____

Expiry date ____ / ____ / ____

State issued _____

Licence held

Class	C	LR	MR	HR	MC	Dangerous Goods	Other Specify
Years held							

Has the driver had any criminal convictions in the last 5 years? Yes No

Has the driver had their licence cancelled, suspended or endorsed in the last five years? Yes No

Please state whether there have been any convictions or fines in the last 5 years for:

- Alcohol Yes No
- Dangerous driving Yes No
- Drug offences Yes No
- Culpable driving Yes No
- Negligent driving Yes No

If yes, please provide details _____

Please provide a driver history printout from a state transport authority.

Freight Task

At which depot/office will this driver be based? _____

What freight task will the driver primarily be involved with? _____

Will the driver be driving between 11.00 pm and 6.00 am? Yes No

How often do they do this? _____

What radius from the depot/base will the driver be operating in? kms

What is the maximum distance the driver will travel in any single trip? kms

What will be the driver's main destination? Where to where.

To: _____ From: _____ %

To: _____ From: _____ %

To: _____ From: _____ %

Driver Training

What training will be provided to the driver?

- Load restraint systems Yes No N/A
- Fatigue management Yes No N/A
- Defensive driving Yes No
- Vehicle familiarisation Yes No
- What to do if an accident occurs Yes No
- How to use a fire extinguisher Yes No

If other, please provide details _____

Driver Management

Do you keep a copy of the licence on file? Yes No

When the driver starts, will they work with another driver first before going out on their own? Yes No N/A

If yes, for how long? _____

Did the company conduct any form of psychological assessment on the driver? Yes No

Has the driver taken a full medical check-up? Yes No

Does the medical check include checks for:

- Sleeping disorders? Yes No
- Drug use? Yes No
- Any other medical condition that may effect their ability to drive? Yes No

If yes, please provide details _____

Vehicle Details

What type of vehicle(s) is the driver required to operate?

- Passenger car/wagon
- Commercial utility/van
- Rigid truck: light medium heavy with dog trailer
- Combination: semi b-double road train other _____

Previous Employment History

Please provide details of the last 4 employers (within the last 5 years) where driving was part of the position (if applicable).

1. Company name _____
 Address _____
 _____ Postcode _____
 Employment From ____ / ____ / ____ To ____ / ____ / ____
 Position held _____
 Type of vehicle driven _____
 Licence class held _____
 Freight carried _____

2. Company name _____
 Address _____
 _____ Postcode _____
 Employment From ____ / ____ / ____ To ____ / ____ / ____
 Position held _____
 Type of vehicle driven _____
 Licence class held _____
 Freight carried _____

3. Company name _____
 Address _____
 _____ Postcode _____
 Employment From ____ / ____ / ____ To ____ / ____ / ____
 Position held _____
 Type of vehicle driven _____
 Licence class held _____
 Freight carried _____

4. Company name _____
 Address _____
 _____ Postcode _____
 Employment From ____ / ____ / ____ To ____ / ____ / ____
 Position held _____
 Type of vehicle driven _____
 Licence class held _____
 Freight carried _____

Claims and Accident History

Please provide details of any 'at fault' accident or claim the driver was involved in, within the last 5 years.

Year	Details of 'at fault' loss	Approximate Claim Amount (\$)

Privacy Information

The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and other information in order to: decide whether to issue a policy; determine the terms and conditions of your policy; compile data; and handle claims.

We disclose personal information to third parties who we deal with in providing the relevant services and products. For example, in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which we supplied it.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on (02) 9966 8820 during normal business hours, Monday-Friday and advise us of the changes.

Declaration

By signing the declaration I authorise GT to:

- obtain any information it may need about my claims and prior insurance history from my previous insurer(s);
- make enquiries from third parties to verify claims history and other information I have provided;
- disclose my claims history to any insurance agent I appoint or to any of my former or future insurers;
- refer to the database of Insurance Reference Services Ltd to confirm the information I have supplied.

I acknowledge that I have read and understood the Privacy Act 1988 information detailed above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this declaration, with their approval.

I hereby declare that the above particulars and statements are true and correct and I have not withheld any relevant information.

Driver's signature _____

Date ____ / ____ / ____

This Declaration is provided in accordance with our Duty of Disclosure.

Owner's signature _____

Date ____ / ____ / ____

Please check that this document has been fully completed.

Insurance is issued by Allianz Australia Limited AFS Licence No. 234708 ABN 15 000 122 850