



Driver Declaration



GLOBAL INDEPENDENT
INSURANCE BROKERS

Driver Declaration



ALL QUESTIONS MUST BE ANSWERED. If there is insufficient space to fully answer any question, please attach a separate document. This Declaration is not complete unless accompanied by an up-to-date Traffic Offence History from the relevant Government Authority, for the time you have been licenced, up to the last 5 years. Tick appropriate response to Yes No Questions.

1. INSURED'S DETAILS

Insured's Name:			
Address:		City / Suburb:	
State:		Postcode:	
Policy Number:			

2. DRIVER'S DETAILS

Driver's Name:			
Date of Birth:			
Address:		City / Suburb:	
State:		Postcode:	

3. DRIVER'S LICENCES (please list all licences held, including suspended licences)

Licence Number	State of Issue	Class/es	Conditions	Expiry Date	How long held

In the last 5 years, have you held a licence in another State or under another name? Yes No

If YES, please provide full details:

4. DRIVER'S EMPLOYMENT HISTORY

Date that the Insured employed you:					
Type of vehicle & radius you will be driving for Insured:					
Will you be driving Australia wide? Yes <input type="checkbox"/> No <input type="checkbox"/>			If NO, what average KM radius will you be driving? _____		
	List your employer/s for the last three years	Period of Employment	Vehicle/s Driven	Radius Operated	
1.				Australia Wide <input type="checkbox"/> _____ Kms	
2.				Australia Wide <input type="checkbox"/> _____ Kms	



5. DRIVER'S HISTORY
(if you answer YES to any of these questions, please provide full details on a separate sheet)

Have you ever had an insurance policy declined, cancelled, renewal refused or special conditions imposed on you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	During the last 5 years, have you had any driving offences or traffic infringements (other than parking), or a driver's licence suspended or cancelled?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had an insurance claim refused?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Other than those excluded from disclosure by law, have you been convicted of a Criminal Offence during the last 10 years as an adult, or during the last 5 years as a juvenile?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any physical or mental conditions which could affect your driving performance?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

During the last 5 years, have you had any Motor Vehicle accidents, fires, thefts, malicious damage or any other losses or incurred any liabilities through the use of a Motor Vehicle, whether a claim was lodged or not?
If YES, please provide details below: Yes No

Date of Event	Insurer	Driver	Details	Amount of Loss
				\$
				\$
				\$

List any driver training programs completed in the last 5 years:

6. PRIVACY NOTICE

We are bound by the Privacy Act and its associated National Privacy Party Principals when we collect and handle your personal information.
We collect personal information in order to provide our services and products. We also pass it onto third parties involved in this process such as reinsurers, agents, loss adjusters and other service providers.
You can seek access to and, if necessary, correct your personal information by contacting our Privacy Officer.
When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purpose we use it for, the types of third parties that we disclose it to, and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

7. DECLARATION BY DRIVER AND INSURER

I declare that the information given in this Declaration is true in all respects. I agree that within 7 days of being requested from the Insurer, will obtain from the relevant Government authority a complete written record of my driving offences.

Driver's Signature: _____ Date: _____
 Insured's Name: _____ Position: _____
 Insured's Signature: _____ Date: _____