

Road Transport Driver Declaration



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

The insured						
Name of insured				Policy number		
Address				State		Postcode

Driver details						
Driver's name				Date of birth		
Address				State		Postcode

Licence details						
Licence number		Class		Expiry date		State issued

Driving experience					
Please provide details of the licence(s) held, how many years experience and the proposed average distance travelled in this role:					
	Years held	250kms	600kms	800kms	Over 1000kms
Multi combination					
Heavy combination					
Heavy rigid					
Medium rigid					
Light rigid					
Dangerous goods					
What freight will you be carrying?					

Health		
Have you had a medical test in the last 12 months?	Yes	No
If 'No', when was your last medical test?	Yes	No
Does the medical check include tests for diabetes, sleep disorders, drug use or any other significant medical condition which is reasonably likely to impact your driving capability?	Yes	No
If a positive result found, please provide further details:		

Driver training					
Have you received training in any of the following:					
Load restraint	Yes	No	Fatigue management	Yes	No
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

Driving/Accident history		
Have you been involved in any accidents and/or lodged a claim within the previous 5 years?	Yes	No
Have you ever had a licence declined or cancelled?	Yes	No

Driving/Accident history

Have you ever had insurance declined or cancelled? Yes No

Please state whether there have been any offences or convictions in the previous 5 years for:

Alcohol (DUI/PCA)	Yes	No	Dangerous driving	Yes	No
Drug offences	Yes	No	Culpable driving	Yes	No
Negligent driving	Yes	No	Criminal	Yes	No

If you have answered 'Yes' to any of these questions, please provide further details below and attach a full driver's licence history print-out from your State Transport Authority (please note we cannot process this declaration without this print-out).

Previous employment

Please list record of work, commencing with your most recent employer/contract over the last 10 years:

Name of employer/Contractor	Type of operation/Goods carried	Dates employed	Type of vehicle driven

Privacy

QBE has a Privacy Policy that describes how we collect, disclose, store and use your information, how you can access or correct it and how to make a complaint. QBE may share your information with other companies within the QBE Group or with other service providers, some of which may be based outside of Australia. You can obtain QBE's full Privacy Policy from qbe.com.au, by phoning 133 723 or by requesting it from our authorised representative or service providers.

By providing the information we have requested, you consent to QBE collecting, using and storing your information to issue, administer and manage insurance products, services and claims in accordance with our Privacy Policy.

Duty of disclosure - what you must tell us

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

• **You do not need to tell us anything that:**

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

• **If you do not tell us something**

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Declaration and signature

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

Driver's signature	<input type="text"/>	Date	<input type="text"/>
Owner's signature	<input type="text"/>	Date	<input type="text"/>

Please return the completed form to your financial services provider.