

# Drivers declaration

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



Policy number

Insured (Employer)

Please complete all sections.

## Driver details

Drivers name (Block letters)	Surname		Given name(s)			
	<input type="text"/>		<input type="text"/>			
Address	<input type="text"/>					
	<input type="text"/>			State	<input type="text"/>	Postcode
Class of Licence	License no.	<input type="text"/>	Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/>
	State of issue	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/>
Driving experience (Years - for above Class of License)	Long Haul		<input type="text"/>	Short Haul		<input type="text"/>
If an earthmoving or miscellaneous machine, state certificate of competence number <input type="text"/>						
Have you ever held a license in another state or under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes – Give details						

What date did you commence employment with this current employer?  /  /

Have you ever had an accident, fire or theft to a vehicle under your control or made a claim under a motor policy?  No  Yes – Give details

Date of accident	Insurance company	Details	Insured amount
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been charged with an offence in connection with the care, control, management or use of a motor vehicle or had a driving license suspended, endorsed or cancelled?  No  Yes – Give details

Date	Charge	Offence	Penalty
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Health

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

If 'No', when was your last medical test?  /  /

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?  No  Yes

If a positive result found, please provide further details:

### Driver training

Have you received training in any of the following?

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

Within the past five (5) years have you been charged with or convicted of any of the following?

Drug offence	No	Yes	Criminal offence	No	Yes
Alcohol offence	No	Yes			

If 'Yes' to any of the above, please provide details:

In reverse order name your previous 3 employers and time of service:

Employer	Start date	End date
	/ /	/ /
	/ /	/ /
	/ /	/ /

### Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at [www.qbe.com.au/privacy](http://www.qbe.com.au/privacy), or to obtain a copy by phoning us on 133 723 or requesting it from our authorised representatives or service providers.

We may share your information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so.

If you don't provide all of the personal information we've requested we may be unable to issue, administer or manage products or provide services.

### Declaration

I hereby agree that I will upon request, within fourteen days of receiving notice thereof, obtain from the commissioners of transport or the authority having charge of the same, a complete and up-to-date record of offences in respect of which I have been reported and/or charge and/or convicted in connection with or as a result of the driving of any motor vehicle in any territory of the Commonwealth of Australia or any other place and of all endorsements, suspensions or cancellations of any license which I may have held entitling me to drive any motor vehicle and I hereby agree that if a dispute arises between us, I will not object to the admissibility in evidence of such record or the truth of matters contained therein. I agree that my failure to comply with such request as said will entitle to refuse indemnity under this Policy.

Driver's signature

Date