



Road Transport Driver Declaration

| 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 | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heavy combination | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heavy rigid | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Medium rigid | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Light rigid | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dangerous goods | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| What freight will you be carrying? | | | | | |

| Health | |
|---|--|
| Have you had a medical test in the last 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If "No", when was your last medical test? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If a positive result found, please provide further details: | |
| | |
| | |
| | |
| | |

| Driver training | | | |
|---|--|--------------------------------|--|
| Have you received training in any of the following: | | | |
| Load restraint | <input type="checkbox"/> Yes <input type="checkbox"/> No | Fatigue management | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Defensive driving | <input type="checkbox"/> Yes <input type="checkbox"/> No | Vehicle familiarisation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| What to do if an accident occurs | <input type="checkbox"/> Yes <input type="checkbox"/> No | How to use a fire extinguisher | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Driving/Accident history

| | | | |
|--|--|-------------------|--|
| Have you been involved in any accidents and/or lodged a claim within the previous 5 years? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever had a licence declined or cancelled? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever had insurance declined or cancelled? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Please state whether there have been any offences or convictions in the previous 5 years for: | | | |
| Alcohol (DUI/PCA) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dangerous driving | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Drug offences | <input type="checkbox"/> Yes <input type="checkbox"/> No | Culpable driving | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Negligent driving | <input type="checkbox"/> Yes <input type="checkbox"/> No | Criminal | <input type="checkbox"/> Yes <input type="checkbox"/> 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). | | | |
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| | | | |

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 includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: compliance.manager@qbe.com.

Duty of disclosure – what you must tell us

Under the *Insurance Contracts Act 1984* (Cth) (the Act), you have a duty of disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

- **You do not have to tell us about any matter:**
 - that diminishes the risk
 - that is of common knowledge
 - that we know or should know in the ordinary course of our business as an insurer, or
 - which we indicate we do not want to know.
- **If you do not tell us**

If you do not comply with your duty of disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

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" value="X"/> | Date | <input type="text" value="/ /"/> |
| Owner's signature | <input type="text" value="X"/> | Date | <input type="text" value="/ /"/> |

Please return the completed form to your financial services provider.