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Insurance & Risk Management  
"Security with Integrity"



**DRIVERS DECLARATION**

|                 |           |            |
|-----------------|-----------|------------|
| Policy Number:  | Due Date: | at 4.00 pm |
| Name Of insured |           |            |
| Street & Number |           |            |
| Town/Suburb     | State     | Postcode   |

**Driver Details**

|                |                       |                      |
|----------------|-----------------------|----------------------|
| Name of Driver |                       |                      |
| Date of Birth  | Marital Status        | Total Years Licensed |
| Licence Number | Class                 | Expiry Date          |
| State of Issue | Years Held This Class |                      |

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

|   |                              |                             |                   |                              |                              |                             |
|---|------------------------------|-----------------------------|-------------------|------------------------------|------------------------------|-----------------------------|
| Alcohol   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Dangerous Driving | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |                             |
| Drug Offences   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Culpable Driving  | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |                             |
| Negligent Driving   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Criminal          | Yes <input type="checkbox"/> | No <input type="checkbox"/>  |                             |
| Have you ever been involved in any accidents in the previous 5 years?                       |                              |                             |                   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever had a licence declined or cancelled?  |                              |                             |                   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever had insurance declined or cancelled?  |                              |                             |                   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Have you ever lodged a claim within the last 5 years?                                       |                              |                             |                   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If answered Yes to any of the above, please give details of offences and or court findings: |                              |                             |                   |                              |                              |                             |
|   |                              |                             |                   |                              |                              |                             |
|   |                              |                             |                   |                              |                              |                             |

Please list record of work (in relation to truck driving) commencing with your most recent employer/contractor, over the past 10 years.

| Name of Employer/Contractor | Type of Operation Job Description | Years Employed |
|-----------------------------|-----------------------------------|----------------|
|                             |                                   |                |
|                             |                                   |                |
|                             |                                   |                |

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: |
| Owner's Signature:  | Date: |