

# Heavy Motor Vehicles

## Driver Declaration

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### IMPORTANT INFORMATION – PLEASE READ BEFORE COMPLETING THIS FORM

#### Your Duty of Disclosure

Before You enter into a contract of insurance with Us, You have a Duty, under the Insurance Contracts Act 1984, to disclose to Us every matter that You know, or could reasonably be expected to know, is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same Duty to disclose those matters to Us before You renew, extend, vary or reinstate the contract.

This Duty of Disclosure applies until the contract is entered into (or renewed, extended, varied or reinstated as applicable).

Your Duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by Us; or
- that is of common knowledge; or
- that We know or, in the ordinary course of Our business as an insurer, ought to know; or
- as to which compliance with Your Duty is waived by Us.

#### Non-disclosure

If You fail to comply with Your Duty of Disclosure, We may be entitled to reduce Our liability under the contract in respect of a claim, cancel the contract, or both.

If Your non-disclosure is fraudulent, We may also have the option of avoiding the contract from its beginning.

#### Privacy Notice

We give priority to protecting the privacy of Your personal information. We do this by handling personal information in a responsible manner and in accordance with the *Privacy Act 1988 (Cth)*. In this Privacy Notice, 'We', 'Our', 'Us' means Global Transport & Automotive Insurance Solutions Pty Ltd and Allianz Australia Insurance Limited trading as 'GT Insurance'.

#### How we collect your personal information

We usually collect Your personal information from You or Your agents. We may also collect it from Our agents and service providers; other insurers and insurance reference bureaus; people who are involved in a claim or assist Us in investigating or processing claims, including third parties claiming under Your Policy, witnesses and medical practitioners; third parties who may be arranging insurance cover for a group that You are a part of; law enforcement, dispute resolution, statutory and regulatory bodies; marketing lists and industry databases; and publicly available sources.

#### Why we collect your personal information

We collect Your personal information to enable Us to provide Our products and services, including to process and settle claims; make offers of Our products and services provided by Us, Our related companies, brokers, intermediaries and business partners and others that We have an association with that may interest You; and conduct market or customer research to determine those products or services that may suit You.

You can choose not to receive product or service offerings from Us (including product or service offerings from Us on behalf of Our brokers, intermediaries and/or Our business partners) or Our related companies by calling:

**GT Insurance on (02) 9966 8820, EST 8.45am-5pm, Monday to Friday or by writing to GT Insurance, PO Box 1937, North Sydney, NSW 2059**

If You do not provide Your personal information We require, We may not be able to provide You with Our services, including settlement of claims.

### Who we disclose your personal information to

We may disclose Your personal information to others with whom We have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to You. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, Our advisers, persons involved in claims, external claims data collectors and verifiers, parties that We have an insurance scheme in place with under which You purchased Your Policy (such as a financier or motor vehicle manufacturer and/or dealer). Disclosure may also be made to Government, law enforcement, dispute resolution, statutory or regulatory bodies, and industry databases or as required by law.

### Disclosure overseas

Your personal information may be disclosed to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries to which this information may be disclosed will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries in which the Allianz Group has a presence or engages subcontractors. We regularly review the security of Our systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration.

### Access to your personal information and complaints

You may ask for access to the personal information We hold about You and seek correction by calling:

**GT Insurance on (02) 9966 8820, EST 8.45am-5pm, Monday to Friday or by writing to GT Insurance, PO Box 1937, North Sydney, NSW 2059**

Our Privacy Policy contains details about how You may make a complaint about a breach of the privacy principles contained in the *Privacy Act 1988 (Cth)* and how We deal with complaints. Our Privacy Policy is available at [www.gtins.com.au](http://www.gtins.com.au) and [www.allianz.com.au](http://www.allianz.com.au)

### Telephone call recording

We may record incoming and/or outgoing telephone calls for training or verification purposes. Where We have recorded a telephone call, We can provide You with a copy at Your request, where it is reasonable to do so.

### Your consent

By providing Us with personal information You and any other person You provide personal information for, consent to these uses and disclosures until You tell Us otherwise. If You wish to withdraw Your consent, including for such things as receiving information on products and offers by Us or persons We have an association with, please contact Us.

### General Insurance Code of Practice

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry. The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code.

You can obtain more information on the Code of Practice and how it assists you by contacting Us. Contact details are provided below and on the back cover of the Product Disclosure Statement or Policy Document.

**GT Insurance on (02) 9966 8820, EST 8.45am-5pm, Monday to Friday or by writing to GT Insurance, PO Box 1937, North Sydney, NSW 2059**

For more information on the Code Governance Committee (CGC) go to [www.insurancecode.org.au](http://www.insurancecode.org.au)

## Subrogation

You may prejudice Your rights in relation to a claim made under this policy if without prior agreement from Us, You make an agreement with a third party that will prevent Us from recovering a loss from that or another party.

## Duty of utmost good faith

Every insurance contract is subject to the duty of utmost good faith which requires both the Insured and the Insurer to act towards each other in utmost good faith. Failure to do so on the part of the Insured may prejudice any claim made under the policy or the continuation of insurance cover by the Insurer.

## Change of risk or circumstance

It is vital that You provide Us with notification of any changes in Your risk profile which may be relevant to the terms and conditions of this insurance. This is including but not limited to changes in business activities and acquisitions which occur after the date of the Declaration.

## The Insurer

Allianz Australia Insurance Limited (incorporated in Australia); ABN 15 000 122 850; AFS Licence No. 234708 of 10 Carrington Street Sydney, 2000.

## The underwriting agency

Global Transport & Automotive Insurance Solutions Pty Ltd (trading as GT Insurance) AFS Licence No. 240714 ABN 93 069 048 255 of Level 3, Suite 3.01, 213 Miller Street, North Sydney, NSW 2060 is an underwriting agency which specialises in arranging insurance in respect of Motor Vehicles and Mobile Plant and related insurances. GT Insurance acts as the agent of Allianz to market, solicit, offer, arrange and administer the insurance.

GT Insurance has a binding authority to issue, vary and cancel contracts of insurance and to deal with or settle claims on behalf of Allianz. If You need information about this insurance in the first instance, contact GT Insurance.

## COMPLETING THIS FORM/QUESTIONNAIRE:

- Please complete all sections in full and provide any requested attachments.
- This form may be printed and completed in handwriting or it may be completed electronically as an interactive pdf with fillable form fields. If completing electronically, please download to your local computer and complete using Adobe Acrobat Reader (Fill & Sign tool).
- If more space is required when completing this form, please attach a separate sheet.
- The use of the term 'You' or 'Your' in this form refers to an Insured and their subsidiary companies and other entities in which they have a controlling interest.
- The use of the term 'We', 'Our' or 'Us' in this form refers to the Insurer and its Underwriting Agency.
- It is important to refer to the relevant Product Disclosure Statement and Policy Document which sets out the terms and conditions of cover offered. Please contact your local GT Insurance office or speak to your Intermediary.

## Section 1. Policyholder Details

Name of Insured

Policy Number

*GT Insurance issue commercial motor policies that typically begin with CPG or CMB. For example: CPG12345678, CMB12345678*

## Section 2. Your Business Details

Business and Trading Name/s

Main Depot Address

Suburb  State or Territory  Postcode

Contact Person Name

Contact Phone Number  Contact Email

## Section 3. Driver Details

Driver Full Name

Driver Residential Address

Suburb  State or Territory  Postcode

Date of Birth   
*dd/mm/yyyy*

## Section 4. Licence Details

Licence Number  Expiry Date   
*dd/mm/yyyy*

State issued  QLD  NSW  ACT  VIC  TAS  SA  NT  WA

Years of driving   
*Specify number of years*

Type of Licence/s now held:

Class	Years Held <i>Specify number of years</i>	Class	Years Held <i>Specify number of years</i>
<input type="checkbox"/> C	<input type="text"/>	<input type="checkbox"/> LR	<input type="text"/>
<input type="checkbox"/> MR	<input type="text"/>	<input type="checkbox"/> HR	<input type="text"/>
<input type="checkbox"/> HC	<input type="text"/>	<input type="checkbox"/> MC	<input type="text"/>
<input type="checkbox"/> Dangerous Goods	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/>

If Other, please specify details

Has the driver had any criminal convictions in the last 5 years? Yes  No

Has the driver had their licence cancelled, suspended or endorsed in the last 5 years? Yes  No

Has the driver been fined or convicted of a speeding or any other traffic offence (excluding parking) in the last 5 years? Yes  No

Has the driver ever had insurance declined, cancelled, renewal refused or special conditions imposed? Yes  No

Does the driver suffer from any physical or mental disability or medical condition (e.g. diabetes, epilepsy, heart condition, faulty eyesight) which could affect your driving performance? Yes  No

Please state whether there have been any convictions or fines in the last 5 years for:

Alcohol	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Theft	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dangerous driving	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Arson	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drug Offenses	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dishonesty	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Culpable driving	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Fraud	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Negligent driving	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Violence	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered 'Yes' to any of the above, please provide full details (if insufficient space please attach a separate sheet):

Please provide a driver history printout from a state transport authority

## Section 5. Freight Task

At which depot/office will this driver be based?

What freight task will the driver primarily be involved with?

Will the driver be driving between 11:00pm and 6:00am?

 Yes  No

If Yes, specify how often they do this?

What radius from the depot /base will the driver be operating in?

 kms

What is the maximum distance the driver will travel in any single trip?

 kms

What will be the driver's main destination? Where to Where:

To:	<input type="text"/>	From:	<input type="text"/>	<input type="text"/> %
To:	<input type="text"/>	From:	<input type="text"/>	<input type="text"/> %
To:	<input type="text"/>	From:	<input type="text"/>	<input type="text"/> %

## Section 3. Driver Details

Please state what type of driver training will be provided to the driver?

Load restraint systems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Fatigue management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Defensive driving	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Vehicle familiarisation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
What to do when an accident occurs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
How to use a fire extinguisher	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

If Other, please provide details

## Section 7. Driver Management

Do you keep a copy of the driver's licence on file?  Yes  No

When a driver starts with the company, will they work with another driver before going out on their own?  Yes  No  N/A

Has the driver taken a full medical check-up?  Yes  No

Does the medical check include checks for:

Sleeping disorders?  Yes  No

Drug use?  Yes  No

Any other medical condition that may effect their ability to drive?  Yes  No

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

## Section 8. Vehicle Details

What type of vehicle is the driver required to operate?

<input type="checkbox"/> Passenger car/wagon	<b>Rigid truck:</b>	<input type="checkbox"/> light	<b>Prime Mover Combination:</b>	<input type="checkbox"/> single trailer
<input type="checkbox"/> Commercial utility/van	<input type="checkbox"/> medium	<input type="checkbox"/> heavy	<input type="checkbox"/> b-double	<input type="checkbox"/> road train
	<input type="checkbox"/> with dog trailer	<input type="checkbox"/> Other (specify)		<input type="text" value=""/>

## Section 9. Previous Employment History

Please provide details of your last 5 years of employment, starting with the latest employment (show unemployed periods)

Name of Employer

Period of Employment from:

*dd/mm/yyyy*

To:

*dd/mm/yyyy*

Position held / Job description

Type of Vehicle driven

Freight Carried

Employment status

Full time

Part time / Casual

Temporary

Other

Name of Employer

Period of Employment from:

*dd/mm/yyyy*

To:

*dd/mm/yyyy*

Position held / Job description

Type of Vehicle driven

Freight Carried

Employment status

Full time

Part time / Casual

Temporary

Other

Name of Employer

Period of Employment from:

*dd/mm/yyyy*

To:

*dd/mm/yyyy*

Position held / Job description

Type of Vehicle driven

Freight Carried

Employment status

Full time

Part time / Casual

Temporary

Other

Name of Employer

Period of Employment from:

*dd/mm/yyyy*

To:

*dd/mm/yyyy*

Position held / Job description

Type of Vehicle driven

Freight Carried

Employment status

Full time

Part time / Casual

Temporary

Other



## Section 10. Claims and Accident History

Has the driver been involved in any accidents or lodged any claims in the last 5 years?

Yes  No

Please provide written details of any 'at fault' claims or accidents the driver was involved in within the last 5 years  
(Note: If insufficient space please attach details).

Date of Loss

*dd/mm/yyyy*

Details of loss

Approximate Claim Amount (\$)

Date of Loss

*dd/mm/yyyy*

Details of loss

Approximate Claim Amount (\$)

Date of Loss

*dd/mm/yyyy*

Details of loss

Approximate Claim Amount (\$)

Date of Loss

*dd/mm/yyyy*

Details of loss

Approximate Claim Amount (\$)

Date of Loss

*dd/mm/yyyy*

Details of loss

Approximate Claim Amount (\$)

## Section 11. Declaration

This declaration applies to all the insurance You are applying for in this Proposal.

I/We hereby declare that:

- I/We have received or have been offered a copy of the Product Disclosure Statement and Policy Document;
- upon acceptance, the terms and conditions of this insurance will be in accordance with the Product Disclosure Statement and Policy Document;
- I/We have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the terms of the acceptance of this insurance by the Insurer;
- I/We have either completed this form personally or, if it has been on my/our behalf, have checked that the questions have been fully and accurately answered;
- Where there is more than one Insured(s)/Policyholder(s) included on this form, I/We acknowledge that I/We are authorised to sign for and on behalf of the other Insured(s)/Policyholder(s);
- I/We authorise GT Insurance to obtain any information it may need about my/our claims and prior insurance history from my/our previous insurer(s);
- I/We authorise GT Insurance to make enquiries to third parties to verify claims history and other information I/We have provided;
- I/We authorise GT Insurance to refer to the database of Insurance Reference Services Ltd to confirm information I/We have supplied;
- I/We have read and understood the information concerning the Duty of Disclosure and other Important Notices on this form;
- I/We have read and understood the Privacy Notice on this form and consent to the collection, storage, use and disclosure of any personal and sensitive information;
- if I/We have not complied with the Duty of Disclosure and Duty of Utmost Good Faith, a claim made under the Policy may not be met or only met in part;
- following acceptance, an occurrence during the Period of Insurance, which alters any of the information I/We have provided on this form, will be promptly notified.

I/We agree?

Completed by:

Driver's name

Date of declaration

dd/mm/yyyy

Representative of Insured

Date of declaration

dd/mm/yyyy