

# Heavy Motor Fleet Risk Management

## Questionnaire

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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, 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. Your Contact Details

Business Name(s) & Trading Name(s)

Main Trading Company ABN   
*Australian Business Number (11 digits)*

Website

Business Owners Name  Phone Number

Main Business/ Depot Address

Suburb  State or Territory  Postcode

## Section 2. Your Business Details

Description of Your business / occupation

How long has the business been in operation?

OR  New Venture

*Specify number of Years*

Has the company been through a change of management in the last 12 months? Yes  No

If 'Yes', please provide details:

Please provide a breakdown of your current employee numbers in each of the following categories:

Management	Employed Drivers	Administration	Maintenance	Other	Total Number of Employees
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide the following information in relation to contractors:

Average Number of Sub-Contractors	Percentage of your business which is prime contractor based (%)	Percentage of your business which is sub contractor based (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Does your business use casual or agency drivers?  Yes  No If 'Yes', please provide details:

Percentage of full time driver's (%)	Percentage of casual/agency driver's (%)
<input type="text"/>	<input type="text"/>

Does your business operate from any other depots/locations?  Yes  No If 'Yes', please provide other address details

Other Address

Suburb  State or Territory  Postcode

Please provide details of the facilities available to drivers at your main/base depot and any other depot/locations indicated above e.g. Food, Maintenance, Driver Sleeping

Please provide details of your freight tasks (largest to smallest) according to Gross Freight Earnings (GFE):

Goods Carried	Percentage of GFE (%)	Carried for
<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"/>

Please provide details of any industry accreditations held by your business e.g. NHVAS, Mass Management

### Section 3. Your Fleet Details

Please attach a separate sheet (excel preferred) which provides details of the type/number of vehicles in your fleet. Please include:

- Number of Rigid Vehicles
- Number of Prime Movers
- Number of Trailers
- Other (including sedans, utilities & ancillary units)
- Total Number of vehicles in the fleet

Please indicate if your fleet has the following safety options:  Yes  No If 'Yes', how many?

Trailers with spring suspension  Yes  No If 'Yes', how many?

Trailers with airbag suspension  Yes  No If 'Yes', how many?

Trucks engaged with isolation switches whilst parked at depot  Yes  No If 'Yes', how many?

Specific manufacturer options e.g. Mobile phones disabled whilst engine running, cruise control disabled whilst headlights engaged

Yes     No    If 'Yes', how many?     If 'Yes', please provide details:

	< 200km	200km-400km	400km-600km	600km-1000km	>1000km
Rigid Vehicle	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prime Movers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please advise what percentage (%) of your business involves the following activities:

Next Day Delivery (%)	Time Sensitive Freight (%)	Overnight Express (%)	Time Slotted Freight (%)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Main/regular destinations travelled to

Do you at any time carry Dangerous Goods as defined by the Dangerous Goods Act and require placards to be displayed?    Yes     No

If 'No', please proceed to Section 4. If 'Yes', please attach a separate sheet (excel preferred) which provides details of the dangerous goods carried. Please include:

- Product Description
- Class Code
- Quantity
- UN ID
- Frequency

Do you have a documented Emergency Response Plan (ERP) in respect of carrying Dangerous Goods?    Yes     No

If 'Yes', who is your Emergency Response provider?

## Section 4. Maintenance Services

Please advise the following:

Are service records kept for all powered units and trailers?     Yes     No

Are tyre pressure monitoring units used for Steer Tyres?     Yes     No

Is the maintenance program performed by company staff?

Yes  No

If 'No', please provide details of whom performs this work:

Is there a documented service plan for all vehicles?

Yes  No

How do you ensure equipment is maintained as per manufacturers specifications – particularly around timing and/or KLM's?

Does your business have a specific inspection process to check and identify any fire risk such as leaking oil or fuel, chaffed wiring, exhaust or turbo leaks and brake or tyre risk?

Yes  No

If 'Yes', please provide details:

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## Section 5. Driver Management

Does your business perform driver medical checks?

Yes  No

If 'Yes', please provide details including frequency of checks and whether the checks look at occupational risk such as sleep apnoea, diabetes, physical capabilities etc.

How do you ensure drivers are 'fit for work'?

Does your business require drivers to sign a declaration in relation to previous injuries which may affect their ability to work or compound any injury?

Yes  No

Does your business have a documented drivers procedure manual?

Yes  No

If 'Yes', does this manual include a company commitment to fatigue and speed management?

Yes  No

If 'Yes', please provide details of such commitment:

Does your business perform random drug and alcohol testing?

Yes  No

If 'Yes', please provide details including frequency of testing:

Does your business perform Licence history checks when employing drivers?

Yes  No

Does your business keep a copy of licences and qualifications?

Yes  No

Does your business request a licence history report prior to employment?

Yes  No

Are the validity of licences checked?

Yes  No

If 'Yes', how often?

Describe the criteria you look for when viewing a licence print:

Does your business perform reference checks when employing drivers?

Yes  No

Describe the key attributes that you look for when employing drivers:

How and where are new driver employees sourced/recruited by your business?

Does your business have pre-employment driving acceptance and testing criteria?

Yes  No

Does your business require employees to report any infringements or convictions whilst employed?

Yes  No



Does your business operate a buddy system when new driver employees commence?

Yes  No

If 'Yes', please provide details of this system including whom is involved and how long it is implemented:

Does your business collate telematics, camera and infringement information to give a full overview of a drivers performance?

Yes  No

Please provide details of the Key Performance Indicators (KPI's) used to performance manage Depot Managers:

Does your business employ drivers under 25 years of age or with less than 2 years experience to drive articulated vehicles?

Yes  No

If 'Yes', please provide details:

What is the driver turnover for the last 12 months? (% of employed drivers who have left/been terminated by the business)

%

Does your business have 24 hour operations?

Yes  No

If 'Yes', how do you manage drivers ? e.g. rotating shifts, two up etc.

Please advise the percentage of your drivers who sleep in the following locations on long haul trips:

Cabs (%)

Depot (%)

Motel/other accommodation (%)

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## Section 6. Incident / Accident Management

Please describe the process your business undertakes in the event of a vehicle incident:

Is an incident investigation conducted following a vehicle incident?

Yes  No

If 'Yes', please provide the following details:

Who is responsible for incident investigation?

How are outcomes from incident investigation implemented?

Who is responsible for implementing outcomes identified during incident investigations?

How is the implementation of incident investigation outcomes tracked/recorded?

Describe how you manage the following driver related causes of incidents:

Fatigue

Speeding

Driver distraction

Roll over

Please indicate if you have a copy of an incident report which you are able to attach in support of this Risk Management Questionnaire

Yes  No

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## Section 7. Your Risk Management Processes

Does your business have a dedicated Occupational Health & Safety Officer?

Yes  No

Does your business have documented policies/procedures in respect of risk management?

Yes  No

If 'Yes' please provide the following:

How do you communicate company policies/procedures in respect of risk management to employees?

Who is responsible for reviewing risk management policies/procedures? How often?

Does your business have documented policies/procedures for vehicle fault recording and reporting?

Yes  No

Does your business have documented policies/procedures in respect of Mobile Phone Usage?

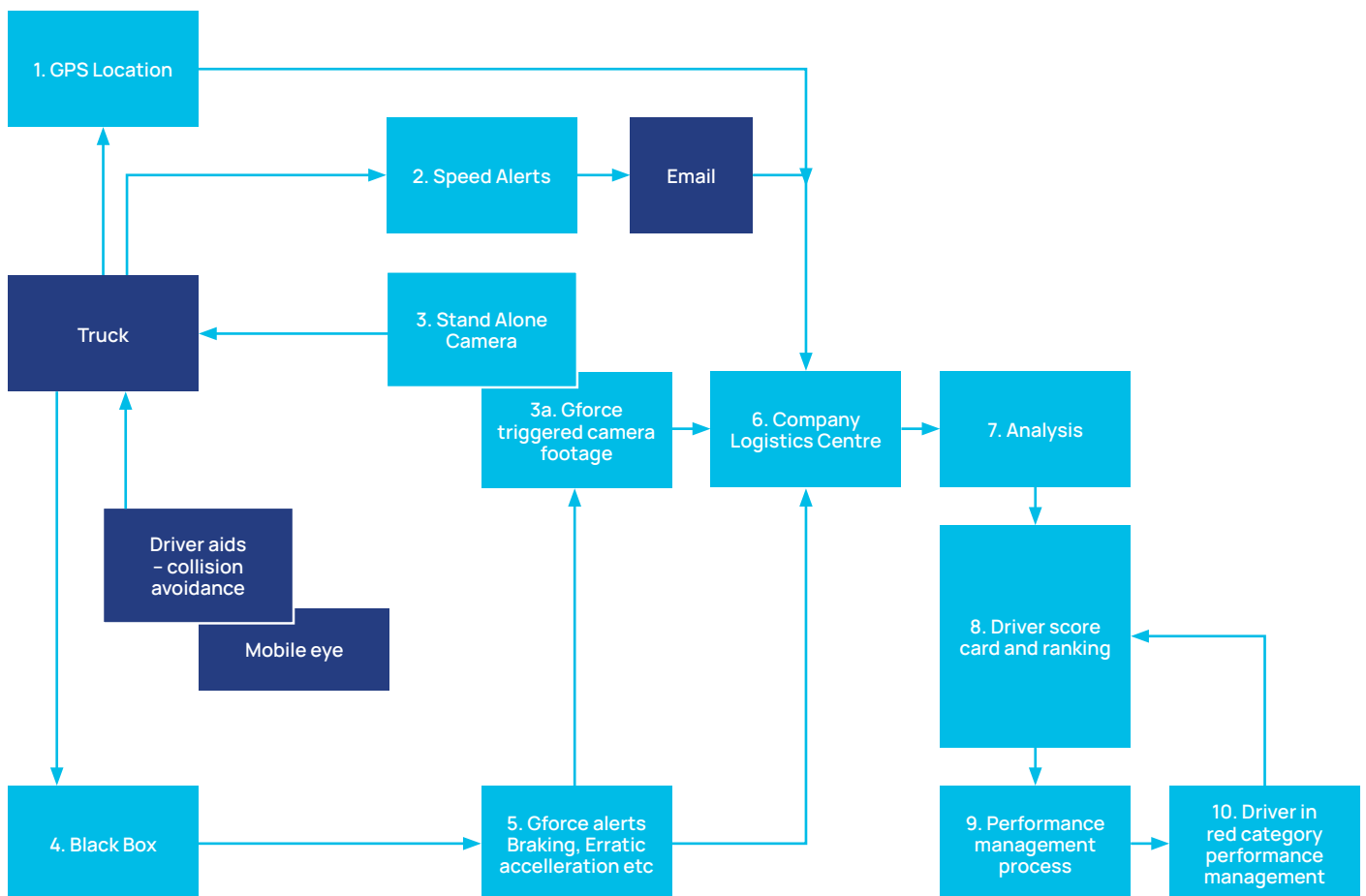
Yes  No

- Does your business use journey management plans?  Yes  No
- Does your business use pre-start check lists before commencing each journey?  Yes  No
- Does your business have a documented Transport Emergency Response Plan?  Yes  No
- Does your business have a documented policy relating to "drive to conditions"?  Yes  No

If 'Yes', how is this policy enforced?

- Are drivers required to do a cab management plan prior to embarking on a long trip?  Yes  No
- Does your business provide rollover prevention training to all drivers?  Yes  No

The following diagram and table provide a high level description of a working risk management process. Once reviewed, please advise which components of the risk management process that exist in your business.



Referencing the diagram above, please advise which components of the risk management process are operational in your fleet?

1. GPS Location	The location of the truck on a google map	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Speed alerts sent to logistics centre	Basic functionality from truck engine management module. The speed limit for trucks over GVM 4.5 tonnes is 100 KLM/hr	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Stand Alone Cameras:			
Video Camera	Standalone dash /rear mounted camera - forward facing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Standalone dash /rear mounted camera - driver facing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are cameras regularly tested and monitored to ensure they are working and/or not being mistreated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Networked Stand Alone Video Camera	Is the dash camera footage downloaded each night?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.a Gforce triggered Video Camera	The "black box" turns on the camera when the Gforces exceed the threshold.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Telematics Black Box	By tracking the vehicle's movements through GPS systems, fleet owners can assess driver behavior. The following may be taken into consideration: <ul style="list-style-type: none"> <li>• the location</li> <li>• how long the vehicle has been driven for</li> <li>• how rapid or measured the acceleration is</li> <li>• how harsh or smooth the braking is</li> <li>• cornering forces</li> <li>• driver score versus industry average</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Telematics Alerts	Alerts sent to company logistics centre	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.a Geo-fencing	Alerts used to prevent use of dangerous sections of road	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Company data capture software	Data is retained in some form of software that can be used for analysis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Data analysis and comparison	The data by driver is compared to the company benchmarks and given a rating. This includes accident investigation to understand and verify what caused the loss.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Telematics exception reports produced for over speeds, Gforce, harsh braking and over revving	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Driver rating	Drivers rating compared to driving population in the company	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. Driver counselling	Drivers below the company minimum Key Performance Indicators (KPI) receive counselling	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. Escalated driver performance management	Drivers who don't achieve required driving behaviours receive increased counselling and possible dismissal	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Section 8. Declaration

I/we understand that the information in this Risk Management Questionnaire is for the consideration and use of Global Transport & Automotive Insurance Solutions Pty Ltd (Trading as GT Insurance; ABN 93 069 048 255; AFS Licence No. 240714) only. The survey results will be provided to you at no cost and whilst all reasonable care has been taken in preparing it to ensure its accuracy and completeness, GT Insurance will not be responsible for any loss, damage, expense or liability which you may incur from relying on its contents.

I/We agree?

Completed by  
(print full name)

Signature

Position /  
Title held

Date of  
declaration   
*dd/mm/yyyy*