

DRIVER / OPERATOR QUESTIONNAIRE

Driver details

Given names:		Surname:	
Address:			
Town:		Postcode:	
Date of birth:			

Driving history

Class of licence:		Licence number:		
Expiry:		State of issue:		
No. years' experience in this licence class:	Short haul	years	Long haul	years
Have you ever held a licence in another state or under another name or class of vehicle?		Yes	No	
If yes, please provide full details:				
If an earthmoving or miscellaneous machine, please provide certificate of competence number:				

Employment history

What date did you (or will) commence employment with this employer?			
Please provide details of your last three employers:			
Company name:			
Start date:		Finish date:	
Class of vehicle/s driven:		Radius:	km
Company name:			
Start date:		Finish date:	
Class of vehicle/s driven:		Radius:	km
Company name:			
Start date:		Finish date:	
Class of vehicle/s driven:		Radius:	km

Insurance and criminal history

Have you ever had any accident, fire or theft happen to a vehicle under your control or made a claim under a motor policy?	Yes	No
If yes, please provide full details (including date, insurer, incurred amount and details):		
Event 1:		
Event 2:		
Event 3:		
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 licence suspended, endorsed or cancelled?	Yes	No
If Yes, please provide full details (including date, charge and penalty):		
Have you ever been reported, charged or convicted of:		
a) any drug offence?	Yes	No
b) any alcohol offence?	Yes	No
c) any criminal offence?	Yes	No
If Yes, please provide full details (including date, charge and penalty):		



Declaration

I hereby agree that I will upon request, within 14 days of receiving notice thereof, obtain from the commissioner 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 charged 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 licence which I may have held entitling me to drive any motor vehicle. 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 Fleetsure Pty Ltd to refuse indemnity under this policy. I consent to Fleetsure Pty Ltd using my personal information I have provided on this form for the purpose of processing my application. I understand that Fleetsure Pty Ltd may not be able to process my application if I chose not to provide the required details. I consent to Fleetsure Pty Ltd disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Fleetsure Pty Ltd also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Driver's signature:	
Name:	
Date:	

Insured's signature:	
Name:	
Date:	

Fleetsure use only

Insured:	
Policy/Quote number:	

