



Fleetsure Pty Ltd  
 ABN: 78 078 661 220 AFSL: 238151  
 as agent for the insurer  
 Level 11, 49 York Street  
 Sydney NSW 2000  
 Phone: 02 9299 5777  
 Email: [enquiries@fleetsure.com.au](mailto:enquiries@fleetsure.com.au)



## DRIVER / OPERATORS QUESTIONNAIRE

Employer – Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Drivers Name \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

Class of Licence \_\_\_\_\_ Licence No \_\_\_\_\_ Expiry \_\_\_\_\_ State of Issue \_\_\_\_\_

No of Years Driving Experience (for above Class of Licence)	Long Haul	Short Haul

If an earthmoving or miscellaneous machine, state certificate of competence number \_\_\_\_\_

Have you ever held a licence in another state or under another name or class of vehicle? Yes  No

If "Yes", please FULL provide details \_\_\_\_\_

What date did / will you commence employment with this employer? \_\_\_\_\_

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

Date of Accident	Insurer	Full Details	Incurred Amount
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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? If "Yes", please provide FULL details Yes  No

Date	Charge	Offence	Penalty
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Have you ever been reported or charged or convicted of any of the following:

Drug Offence                                      Yes  No                                       Criminal Offence                                      Yes  No   
 Alcohol Offence                                      Yes  No

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

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In backwards order, name your previous 3 employers whilst employed as a professional driver and time of service:

Employer	Start & end dates of employment	Class of vehicle/s driven & radius work
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**Declaration**

I hereby agree that I will upon request, within fourteen 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 and 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 you 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 if I chose not to provide the required details, this is my choice, however, Fleetsure Pty Ltd may not be able to process my application.

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 \_\_\_\_\_ Date \_\_\_\_\_

Insured's Signature \_\_\_\_\_ Date \_\_\_\_\_