

heavy motor vehicle drivers questionnaire



Lumley General Insurance Limited, Lumley House Level 9, 309 Kent Street, Sydney 2000 Ph: (02) 9248 1111 Fax: (02) 9248 1198 ABN 24 000 036 279

In completing this form, you agree to disclose to us, now and throughout the period in which we may provide you with the required insurance, any matter that you know or a reasonable person in the circumstances could be expected to know is relevant to our decision whether to provide you insurance.

If you fail to disclose such matters to us, we may not be able to make an informed decision whether to provide and/or continue providing you insurance and may seek to recover from you any loss incurred by us that has arisen from your failure to disclose such matters.

1. Driver Details

Policy Number	Insured Company	Driver Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone number	Mobile number	Email address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Age at next birthday		
<input type="text"/>	<input type="text"/>		
Licence Class (MC/HC/HR/MR/LR)	Years held	Licence number	Expiry date
<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"/>

2. Driver Experience

Vehicle to be driven (please specify licence category applicable to the job)

MC HC HR MR LR

Please indicate your years of experience in the proposed freight task

Years	Months
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please indicate your years of experience in this licence category

Please indicate the type of work and your years of experience in this type of work

- Short haul
- Intrastate
- Interstate
- Long haul

Years	Employer
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

3. Driver Health

Have you had a diabetes test and/or a medical in the last 12 months?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

▶ If yes, do you have diabetes?

▶ If yes, is it treated?

Do you have any sleep disorders?

Do you have any medical condition or disability which may affect your driving performance?

4. Driving Convictions and Offences

In the last 10 years have you had any convictions or any offences in the following;

Alcohol DUI/PCA?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

▶ If yes, please tick as appropriate Car Truck

Drug offences?

<input type="checkbox"/>	<input type="checkbox"/>
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Dangerous, culpable, negligent, without due care?

<input type="checkbox"/>	<input type="checkbox"/>
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Speeding more than 30 km/h?

<input type="checkbox"/>	<input type="checkbox"/>
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Speeding under 15 km/h?

<input type="checkbox"/>	<input type="checkbox"/>
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Criminal conviction of any description?

<input type="checkbox"/>	<input type="checkbox"/>
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Do you have more than one truck driving licence?

<input type="checkbox"/>	<input type="checkbox"/>
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Have you held a different interstate licence other than the licence number stated within the last 5 years?

<input type="checkbox"/>	<input type="checkbox"/>
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Have you ever had you licence endorsed, suspended or cancelled?

<input type="checkbox"/>	<input type="checkbox"/>
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5. Accidents

Have you been involved in any accidents in the last 10 years, please specify below;

Yes	No
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Single vehicle accident/rollover?

<input type="checkbox"/>	<input type="checkbox"/>
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Caused an at fault accident?

<input type="checkbox"/>	<input type="checkbox"/>
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Been in a major accident and not at fault according to police and investigator reports?

<input type="checkbox"/>	<input type="checkbox"/>
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Been in an accident where a vehicle fault caused or contributed to the incident?

<input type="checkbox"/>	<input type="checkbox"/>
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If you answered yes to any of the above questions, please explain:

Date	Nature of incident	Claim cost	Who was at fault?
<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"/>
<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 attach an incident report or describe below:

6. Driver Training

Training Course Type / Identifying Name

Date Completed

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

7. Past Five Years Truck Driving Employment

Employer company name <input type="text"/>				Vehicle combination	
Address <input type="text"/>				Years experience	
Suburb <input type="text"/>		State <input type="text"/>	Postcode <input type="text"/>		
Contact person <input type="text"/>	Contact Position <input type="text"/>	Phone number <input type="text"/>	Mobile number <input type="text"/>		
Employment dates from <input type="text"/>		to <input type="text"/>	MC <input type="text"/>		
			HC <input type="text"/>		
			HR <input type="text"/>		
			MR <input type="text"/>		
			LR <input type="text"/>		
			C <input type="text"/>		
			Other <input type="text"/>		

Employer company name <input type="text"/>				Vehicle combination	
Address <input type="text"/>				Years experience	
Suburb <input type="text"/>		State <input type="text"/>	Postcode <input type="text"/>		
Contact person <input type="text"/>	Contact Position <input type="text"/>	Phone number <input type="text"/>	Mobile number <input type="text"/>		
Employment dates from <input type="text"/>		to <input type="text"/>	MC <input type="text"/>		
			HC <input type="text"/>		
			HR <input type="text"/>		
			MR <input type="text"/>		
			LR <input type="text"/>		
			C <input type="text"/>		
			Other <input type="text"/>		

Employer company name <input type="text"/>				Vehicle combination	
Address <input type="text"/>				Years experience	
Suburb <input type="text"/>		State <input type="text"/>	Postcode <input type="text"/>		
Contact person <input type="text"/>	Contact Position <input type="text"/>	Phone number <input type="text"/>	Mobile number <input type="text"/>		
Employment dates from <input type="text"/>		to <input type="text"/>	MC <input type="text"/>		
			HC <input type="text"/>		
			HR <input type="text"/>		
			MR <input type="text"/>		
			LR <input type="text"/>		
			C <input type="text"/>		
			Other <input type="text"/>		

Employer company name <input type="text"/>				Vehicle combination	
Address <input type="text"/>				Years experience	
Suburb <input type="text"/>		State <input type="text"/>	Postcode <input type="text"/>		
Contact person <input type="text"/>	Contact Position <input type="text"/>	Phone number <input type="text"/>	Mobile number <input type="text"/>		
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			HR <input type="text"/>		
			MR <input type="text"/>		
			LR <input type="text"/>		
			C <input type="text"/>		
			Other <input type="text"/>		

Employer company name <input type="text"/>				Vehicle combination	
Address <input type="text"/>				Years experience	
Suburb <input type="text"/>		State <input type="text"/>	Postcode <input type="text"/>		
Contact person <input type="text"/>	Contact Position <input type="text"/>	Phone number <input type="text"/>	Mobile number <input type="text"/>		
Employment dates from <input type="text"/>		to <input type="text"/>	MC <input type="text"/>		
			HC <input type="text"/>		
			HR <input type="text"/>		
			MR <input type="text"/>		
			LR <input type="text"/>		
			C <input type="text"/>		
			Other <input type="text"/>		

8. Privacy

Lumley General Insurance Limited respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Policy and Procedures is available at any of our offices

9. Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could reasonably be expected to know is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however, does not require disclosure of matter:

- that diminishes the risk to us;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance of your duty is waived by the insurer.

If you fail to comply with your duty of disclosure the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

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

10. Declaration

I/We hereby declare that we have read the privacy statement above and consent to the collection of the above information by Lumley General Insurance.

I/We hereby declare and warrant that I/We have read this questionnaire and that the answers above are in every respect true and correct and that I/We have not withheld any material information I/We also agree at the request of Lumley General Insurance obtain from the relevant authority or Government department a complete and up to date record of offences.

I/We understand that no insurance for any vehicle in the in the control of the above stated driver is in force until such time that this questionnaire is received and accepted by Lumley General Insurance.

Declared by (driver's name)

Signature

Date

Declared by (insured's name)

Signature

Date

Important note: It is a Lumley General Insurance requirement to provide a current driver licence history printout/Transport Authority, driver history, with all completed and signed driver declaration application for insurance with each driver application. In some cases we may request additional information to finalise any decision.

Unsigned driver declarations are non-privacy compliant and will be shredded without review of information to comply with Privacy Laws. This may delay the driver review process and hinder your business needs.

Lumley General Insurance Limited

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VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, Perpetual Building, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1777
WA	50 St George's Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, Brisbane 4000	Phone (07) 3307 4800	Fax (07) 3307 4899
	Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 4722 6000	Fax (07) 4724 4398
NT	84 Woods Street, Darwin 0800	Phone (08) 8941 7998	Fax (08) 8941 7950