



DRIVERS QUESTIONNAIRE

Name of Insured Policy No.....

Name of Driver

Residential Address

Date of Birth Marital Status Licence No Expiry

Class of Licence State of Issue Total Years Licenced

Type of Vehicle to be Driven Years Licenced to Drive this Type of Vehicle

Have you had any convictions in the last 5 years for:

Alcohol Yes No Drug Offences Yes No Dangerous Driving Yes No

Culpable Driving Yes No Negligent Driving Yes No Criminal Yes No

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

Have you been involved in any accidents or lodged a claim in the last 5 years? Yes No

Have you ever had insurance declined, cancelled, renewal refused or special conditions imposed? Yes No

Have you ever had a driving licence endorsed, suspended or cancelled? Yes No

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

If you have answered Yes to any of the above please provide full details (Use back of page if insufficient space).

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

Name of Employer	Period of Employment	Job Description/Type of Vehicle Driven	Fulltime/Casual
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DECLARATION

The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and other information in order to decide whether to issue a policy, cover for additional drivers, determine the terms and conditions of your policy, compile data and handle claims. In certain circumstances, for example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, to the Insurance Reference Services (IRS) etc. or other parties as required by law. If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. You have a right to seek access to your personal information and to correct it at any time by contacting us during office hours.

I/We hereby declare and warrant that I/we have read this questionnaire and that the answers given above are in every respect true and correct and that I/we have not withheld any material information. I/We also agree that I/we will at the request of Global Transport & Automotive Insurance Solutions Pty Ltd obtain from the relevant authority or government department a complete and up to date record of offences.

I/We acknowledge that I/We have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this questionnaire. I/We acknowledge that I/We do not agree to the collection of this personal and sensitive information then unfortunately Global Transport & Automotive Insurance Solutions Pty Ltd will be unable to process this questionnaire.

I/We understand that no insurance for any vehicle in the control of the above stated driver is in force until such time that this questionnaire is received and accepted by Global Transport & Automotive Insurance Solutions Pty Ltd.

Drivers Signature Date/...../.....

Insureds Signature Date/...../.....