

# DRIVERS QUESTIONNAIRE



Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

Name of Insured \_\_\_\_\_

Name of Driver \_\_\_\_\_

Residential Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Phone Private \_\_\_\_\_ Business \_\_\_\_\_

Fax No. \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Contact Name \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Marital Status \_\_\_\_\_

License No. \_\_\_\_\_ Class of License \_\_\_\_\_

State of Issue \_\_\_\_\_ Expiry \_\_\_\_\_ Total Years Licensed \_\_\_\_\_

Type of vehicle to be driven \_\_\_\_\_ Years Licensed to drive this type of Vehicle \_\_\_\_\_

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

Alcohol / D.U.I.  Yes  No Culpable Driving  Yes  No

Drug Offences  Yes  No Negligent Driving  Yes  No

Dangerous Driving  Yes  No Criminal  Yes  No

Traffic Offence  Yes  No

Have you ever been involved in any accidents or logged 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 license 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 (attach additional pages as necessary)

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Please provide details of your last 5 years of employment (show unemployed periods)

Name of Employer      Period Employed      Job description/Type of Vehicle      Fulltime/Casual

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## **PRIVACY**

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

## **DISPUTE RESOLUTION**

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

## **DECLARATION**

I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.

I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

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