

# Driver's Declaration

## Questionnaire

Completing the Questionnaire form

1. This questionnaire must be completed in full including all required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The terms Insured, whenever used in this questionnaire shall mean the insured and all subsidiary companies of the Insured for which coverage is proposed.

### Duty of Disclosure

The Insurance Contracts Act 1984 requires that you, and everyone who is an insured under your policy, comply with the duty of disclosure. The duty requires you to tell the insurer certain matters which will help them decide whether to insure you and, if so, on what terms.

You have this duty until the insurer agrees to insure you and before the insurer agrees to renew your policy. You also have the same duty before you extend, vary or reinstate an insurance policy.

The type of duty that applies can vary according to the type of policy.

Make sure you explain the duty to any other insureds you may apply on behalf of. We do not do this unless specifically agreed in writing. If you are providing information for other insureds, you confirm you have their authority to do so and that the information provided is what they have told you in response to the duty of disclosure obligations.

We will assist you in determining what needs to be disclosed to the insurer in order to meet your duty. If in doubt it is better to tell us.

When you first apply for your policy, the insurer may ask you specific questions relevant to their decision whether to insure you.

Before an insurer agrees to renew your policy, you may again be asked specific questions by the insurer relevant to their decision whether to renew your policy. Or they may give you a copy of anything you have previously told them and ask you to tell them if anything has changed. If you do not respond then this will be taken to mean there has been no changes.

When you answer any questions asked by the insurer, you must give honest and complete answers and tell the insurer, in answer to each question, about every matter that is known to you and which a reasonable person in the circumstances would include in answering the questions.

If you (or anyone who is an insured, or a proposed insured, under the policy) make a misrepresentation, or if you do not tell the insurer something that you are required to tell them, they may cancel your policy or reduce the amount they will pay you in the event of a claim, or both. If the misrepresentation or failure is fraudulent, the insurer may refuse to pay a claim and treat the policy as if it never existed.

### Privacy Notice

We are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs). Where required, we will provide you with a Collection Notice which outlines how we collect, disclose and handle your personal information. You can also refer to our Privacy Policy available on our website [www.insuranceadviser.net](http://www.insuranceadviser.net) or by contacting us for more information about our privacy practices including how we collect, use or disclose information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled.

## 1 Driver details

Name of Insured / Employer

Policy Number

(a) State your full name

Address

State

Postcode

(b) Date of birth / /

(c) What licence(s) do you currently hold?

Class

Date obtained

/ /

State of issue

Have you previously driven prime movers or other heavy vehicles?

Yes

No

If 'Yes', how long?

(d) Have you during the last 5 years had any accident or fire happen to a vehicle under your control?

Yes

No

If 'Yes', please provide details

Date of loss	Insurance company	Details of accident	Amount
			\$
			\$
			\$

(e) Have you during the past 5 years been charged and / or convicted with an offence in connection with the care, control, management or use of a motor vehicle or had a driving licence suspended or withdrawn?

Yes

No

If 'Yes', please provide details

Date of charge	Nature of charge	Penalty

(f) Have you ever been reported for, or charged with, or convicted of alleged drunkenness, or alleged use, or alleged possession of drugs?

Yes

No

If 'Yes', please provide details

Date of charge	Offence(s)	Details

(g) Have you ever been charged with, or convicted of any criminal offence of any kind whatsoever, other than any offence described in (e) and (f)?

Yes

No

If 'Yes', please provide details

Date of charge	Offence(s)	Details

(h) Have you ever suffered from any physical defect, infirmity, impairment or affliction of sight or hearing or a fit of any kind? Yes  No

If 'Yes', please provide details and state if it is necessary to wear / use an artificial aid to drive the vehicle.

## 2 Declaration

I hereby agree that I will at the request of Talos Insurance & Risk Solutions, within 14 days of receiving notice thereof, obtain from the Commissioner of Motor Transport or the appropriate Authority, 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 State or 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 me and the Talos Insurance & Risk Solutions, I will not object to the admissibility in evidence of such record or the truth of the matters contained therein.

Signature

Title

Date

X

/ /