

# Driver's Declaration

Policy Number: \_\_\_\_\_ Due Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ at 4 p.m.  
 Name of Insured: \_\_\_\_\_  
 Street & Number: \_\_\_\_\_  
 Town/Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

## Driver's Details

Name of Driver: \_\_\_\_\_  
 Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Total Years Licensed: \_\_\_\_\_  
 Licence Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 State of Issue: \_\_\_\_\_ Years Held This Class: \_\_\_\_\_

Please state whether there have been any convictions or fines in the last 5 years for:

Alcohol:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dangerous Driving:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Drug Offences:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Culpable Driving:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Negligent Driving:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Criminal:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Have you ever been involved in any accidents in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a licence declined or cancelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had insurance declined or cancelled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever lodged a claim within the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered Yes to any of the above, please give details of offences and/or court findings:

Please list record of work (in relation to truck driving) commencing with your most recent employer/contractor, over the last 10 years.

Name of Employer/Contractor	Type of Operation/Job Description	Years Employed
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## Acknowledgement By The Insured

### Rigid Trucks – Please Note

- That details of all intended drivers, of the vehicle being proposed for this insurance must be supplied prior to the risk being accepted by Allianz. The details of newly employed drivers must be submitted to Allianz, for approval, within 14 days from commencement.
- If your vehicle is a Rigid body vehicle and is being driven by or is in the charge of any person under the age of 21 years or over the age of 21, but with less than 2 years experience in driving an Articulated or Rigid vehicle over 2 tonne carrying capacity, an additional excess, as stated on the Policy Schedule will apply to this Policy.

### Articulated Trucks – Please Note

- That details of all intended drivers, of the vehicle being proposed for this insurance must be supplied prior to the risk being accepted by Allianz. That details of newly employed drivers must be submitted to Allianz, for approval, within 14 days from commencement.
- If your vehicle is an Articulated vehicle and is being driven by or is in the charge of any person under the age of 25 years or over the age of 25 years but with less than 2 years experience in driving an Articulated vehicle an additional excess, as stated on the Policy Schedule will apply to this Policy.

I hereby declare that the above particulars and statements are true and correct and I have not withheld any relevant information.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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