



# Heavy Motor Vehicle Driver Declaration

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IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING THIS FORM

## Your Duty of Disclosure

Before You enter into this insurance with Us, You have a duty of disclosure under the Insurance Contracts Act 1984. The Act imposes a different duty the first time You enter into a contract of insurance with Us to that which applies when You vary, extend or reinstate the contract. This duty of disclosure applies until the contract is entered into (or varied, extended or reinstated as applicable).

### Your Duty of Disclosure when You enter into the Policy with Us for the first time

When answering Our specific questions that are relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms, You must be honest and disclose to Us anything that You know and that a reasonable person in the circumstances would include in answer to the questions. It is important that You understand You are answering Our questions in this way for Yourself and anyone else that You want to be covered by the contract.

### Your Duty of Disclosure when You renew, vary, extend, reinstate or replace the Policy

When You vary, extend or reinstate the contract with Us, Your duty is to disclose to Us every matter that You know, or could reasonably be expected to know, is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms.

### What You do not need to tell Us

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by Us; or
- that is of common knowledge; or
- that We know or, in the ordinary course of Our business as an insurer, ought to know; or
- as to which compliance with Your duty is waived by Us

### Non-disclosure

If You fail to comply with Your Duty of Disclosure, We may be entitled to reduce Our liability under the contract in respect of a claim, cancel the contract or both. If Your non-disclosure is fraudulent, We may also have the option of avoiding the contract from its beginning.

## Privacy Notice

We give priority to protecting the privacy of Your personal information. We do this by handling personal information in a responsible manner and in accordance with the Privacy Act 1988 (Cth). In this Privacy Notice, 'We', 'Our', 'Us' means Global Transport & Automotive Insurance Solutions Pty Ltd and Allianz Australia Insurance Limited.

### How We collect Your personal information

We usually collect Your personal information from You or Your agents. We may also collect it from Our agents and service providers; other insurers and insurance reference bureaus; people who are involved in a claim or assist Us in investigating or processing claims, including third parties claiming under Your Policy, witnesses and medical practitioners; third parties who may be arranging insurance cover for a group that You are a part of; law enforcement, dispute resolution, statutory and regulatory bodies; marketing lists and industry databases; and publicly available sources.

### Why We collect Your personal information

We collect Your personal information to enable Us to provide Our products and services, including to process and settle claims; offer Our products and services and those of Our related companies, brokers, intermediaries and business partners that may interest You; and conduct market or customer research to determine those products or services that may suit You.

### Who We disclose Your personal information to

We may disclose Your personal information to others with whom We have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to You. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, Our advisers, persons involved in claims, external claims data collectors and verifiers, parties that We have an insurance scheme in place with under which You purchased Your Policy (such as a financier or motor vehicle manufacturer and/or dealer). Disclosure may also be made to Government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

### Disclosure overseas

Your personal information may be disclosed to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries to which this information may be disclosed will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries in which the Allianz Group has a presence or engages subcontractors. We regularly review the security of Our systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration.

### Access to Your personal information and complaints

You may ask for access to the personal information We hold about You and seek correction by calling (02) 9966 8820 EST 8.45am-5pm, Monday to Friday, or by writing to Us at GT Insurance, PO Box 507, St Leonards NSW 1590. Our Privacy Policy contains details about how You may make a complaint about a breach of the privacy principles contained in the Privacy Act 1988 (Cth) and how We deal with complaints. Our Privacy Policy is available at [www.gtins.com.au](http://www.gtins.com.au) and [www.allianz.com.au](http://www.allianz.com.au).

### General Insurance Code of Practice

The Insurance Council of Australia has produced the General Insurance Code of Practice with the purpose of raising the standards of practice and service in the general insurance industry. We support the standards set out in the Code. A copy of this Code is available on our website at [www.gtins.com.au](http://www.gtins.com.au) or from the Insurance Council of Australia's website at [www.ica.com.au](http://www.ica.com.au)

### Subrogation

You may prejudice your rights in relation to a claim made under this policy if without prior agreement from us, you make an agreement with a third party that will prevent us from recovering a loss from that or another party.

### Duty of Utmost Good Faith

Every insurance contract is subject to the duty of utmost good faith which requires both the Insured and the Insurer to act towards each other in utmost good faith. Failure to do so on the part of the Insured may prejudice any claim made under the policy or the continuation of insurance cover by the Insurer.

### Change of Risk or Circumstance

It is vital that you provide us with notification of any changes in your risk profile which may be relevant to the terms and conditions of this insurance. This is including but not limited to changes in business activities and acquisitions which occur after the date of the Declaration.

### The Insurer

Allianz Australia Insurance Limited (incorporated in Australia); ABN 15 000 122 850; AFS Licence No. 234708 of 2 Market Street Sydney, 2000.

### The Underwriting Agency

Global Transport & Automotive Insurance Solutions Pty Ltd (GT Insurance); ABN 93 069 048 255; AFSL No. 240714, of Level 6, 55 Chandos Street, St Leonards, 1590, is an underwriting agency which specialises in arranging insurance in respect of motor vehicles. GT Insurance acts as an agent of the Insurer to market, solicit, offer, arrange and administer the insurance and has a binding authority to deal with or settle claims on their behalf.

## Completing this Form/Declaration:



1. Please complete all sections in full and provide any requested attachments.
2. This form may be completed electronically or it can be printed and completed in hand writing.
3. If more space is required when completing this form, please attach a separate sheet.
4. The use of the term "You" or "Your" in this form refers to an Insured and their subsidiary companies and other entities in which they have a controlling interest.
5. The use of the term "We", "Us" or "Our" in this form refers to the Insurer and its Underwriting Agency.
6. It is important to refer to the relevant Product Disclosure Statement and Policy Wording which sets out the terms and conditions of cover offered. Please contact your local GT Insurance office or speak to your Intermediary.

## Section 1. Policyholder Details

Name of Insured

Policy Number

GT Insurance issue commercial motor polices that typically begin with CPG or CMB.  
For example: CPG12345678, CMB12345678

## Section 2. Your Business Details

Business and Trading Name/s

Main Depot Address

Post Code

State NSW/ACT QLD SA VIC NT WA TAS

Contact Person Name

Contact Phone Number

Contact Email

## Section 3. Driver Details

Driver Full Name

Driver Address

Post Code

State NSW/ACT QLD SA VIC NT WA TAS

Date of Birth *dd/mm/yyyy*

## Section 4. Licence Details

Licence Number

Expiry Date

*dd/mm/yyyy*

State issued NSW/ACT QLD SA VIC NT WA TAS

Total years of driving *Specify number of years*

Type of Licence/s now held

CLASS	YEARS HELD	CLASS	YEARS HELD
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C		LR	<i>Specify number of years</i>
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MR		HR	
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HC		MC	
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Dangerous Goods		Other	
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If Other, please specify details

Has the driver had any criminal convictions in the last 5 years? Yes No

Has the driver had their licence cancelled, suspended or endorsed in the last 5 years? Yes No

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

Has the driver ever had insurance declined, cancelled, renewal refused or special conditions imposed? Yes      No

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

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

	Yes	No
Alcohol		
Dangerous driving		
Drug Offences		
Culpable driving		
Negligent driving		

If 'Yes', to any of the above, please provide details (if insufficient space, please attach a separate sheet):

**Please provide a driver history printout from a state transport authority**

### Section 5. Freight Task

At which depot/office will this driver be based?

What freight task will the driver primarily be involved with?

Will the driver be driving between 11:00pm and 6:00am? Yes      No If Yes, specify how often they do this?

What radius from the depot /base will the driver be operating in? kms What is the maximum distance the driver will travel in any single trip? kms

What will be the driver's main destination? Where to Where:

To:	From:	%
To:	From:	%
To:	From:	%

### Section 6. Driver Training

Please state what type of driver training will be provided to the driver?

	Yes	No	N/A
Load restraint systems			
Fatigue management			
Defensive driving			
Vehicle familiarisation			
What to do when an accident occurs			
How to use a fire extinguisher			
Other			

If Other, please provide details

## Section 7. Driver Management

Do you keep a copy of the drivers licence on file? Yes No

When a driver starts with the company, will they work with another driver before going out on their own? Yes No N/A If Yes, for how long?

Has the driver taken a full medical check-up? Yes No

Does the medical check include checks for:

	Yes	No
Sleeping disorders?		
Drug use?		
Any other medical condition that may effect their ability to drive?		

If Yes to any of the above, please provide details:

## Section 8. Vehicle Details

What type of vehicle is the driver required to operate?

Passenger car/wagon      Rigid truck:      light      Combination:      semi

Commercial utility/van      medium      b-double

heavy      road train

with dog trailer      Other (specify)

## Section 9. Previous Employment History

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

Name of Employer      Period of Employment: From:      To:      *dd/mm/yyyy*

Position held / Job description      Type of Vehicle driven

Freight Carried      Employment status      Full time      Part time / casual

Temporary      Other

Name of Employer      Period of Employment: From:      To:      *dd/mm/yyyy*

Position held / Job description      Type of Vehicle driven

Freight Carried      Employment status      Full time      Part time / casual

Temporary      Other

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Name of Employer	Period of Employment: From:	To:	<i>dd/mm/yyyy</i>
Position held / Job description	Type of Vehicle driven		
Freight Carried	Employment status	Full time Temporary	Part time / casual Other

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Name of Employer	Period of Employment: From:	To:	<i>dd/mm/yyyy</i>
Position held / Job description	Type of Vehicle driven		
Freight Carried	Employment status	Full time Temporary	Part time / casual Other

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### Section 10. Claims and Accident History

Has the driver been involved in any 'at fault' accidents or lodged any claims in the last 5 years? Yes      No

Please provide written details of any 'at fault' claims or accidents the driver was involved in, within the last 5 years. (Note: If insufficient space please attach details).

Date of Loss	Details of 'at fault' loss	Approximate Claim Amount (\$)
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Date of Loss	Details of 'at fault' loss	Approximate Claim Amount (\$)
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## Section 11. Declaration

This declaration applies to all the insurances being applying for. I/we hereby declare that:

- a. I/we have read the information concerning the Duty of Disclosure and other Important Notices;
- b. I/we have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the terms of the acceptance of this insurance by the Insurer;
- c. I/we have either completed this form personally or, if it has been on my/our behalf, have checked that the questions have been fully and accurately answered;
- d. I/we authorise GT Insurance to obtain any information it may need about my claims and prior insurance history from my previous insurer(s);
- e. I/we authorise GT Insurance to make enquires to third parties to verify claims history and other information I/we have provided;
- f. I/we authorise GT Insurance to disclose my claims history to any insurance agent I appoint or to any of my former or future insurers;
- g. I/we authorise GT Insurance to refer to the database of Insurance Reference Services Ltd to confirm information I have supplied;
- h. if I/we have not complied with the Duty of Disclosure and Duty of Utmost Good Faith, a claim made under the Policy may not be met or only met in part;
- i. I/we have read and understood the Privacy Notice above and consent to the collection, storage, use and disclosure of any personal and sensitive information.

I/We agree  Yes

Completed by:

Drivers name  Date of declaration  (dd/mm/yyyy)

Representative of Insured  Date of declaration  (dd/mm/yyyy)

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**Global Transport & Automotive Insurance Solutions Pty Ltd trading as GT Insurance**  
ABN 93 069 048 255; AFSL No. 240714

Head Office: Level 6, 55 Chandos Street, St Leonards NSW 1590 Australia  
PO Box 507 St Leonards, NSW 1590 Australia

<b>Sydney</b> 02 9966 8820	<b>Newcastle</b> 02 4920 8698	<b>Albury</b> 02 6023 5308	<b>Melbourne</b> 03 8623 2666	<b>Brisbane</b> 07 3210 0666	<b>Townsville</b> 07 4779 5178	<b>Darwin</b> 08 8981 7510	<b>Perth</b> 08 9324 1963	<b>Adelaide</b> 08 8232 7645
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