

# Driver Declaration

## Commercial Motor Insurance



### Important Notices

Please read these Important Notices and the Product Disclosure Statement before completing the Declaration.

#### ***Your Duty of Disclosure before you enter into your policy***

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

#### ***Your duty of disclosure before renewal***

Before you renew this contract of insurance, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You have this duty until we agree to renew the contract.

#### ***If you do not tell us something (before you enter into your policy and before renewal)***

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

### ***Persons Covered***

The policy will only cover the interests of those persons and entities specifically named in this Proposal and accepted by us. It will not cover the interests of any other persons or entities.

#### ***No Cover if Rights "Signed Away"***

This policy does not cover loss, destruction, damage or legal liability in respect of which any right which you may otherwise have had against any person is excluded or limited by reason of any agreement you may enter into.

### ***Privacy***

Pen Underwriting handles your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit [www.penunderwriting.com.au](http://www.penunderwriting.com.au).

### ***Complaints Handling***

If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit [www.penunderwriting.com.au](http://www.penunderwriting.com.au).

### ***Further Information***

Your insurance broker can assist you to complete this Declaration. If you have any questions or need further information concerning your insurance, you should contact your insurance broker to assist you with your enquiry. You should direct all of your correspondence to Pen Underwriting through your insurance broker as he is your agent for this insurance.

**IMPORTANT NOTICE**

- Please answer all questions in full. Where appropriate, tick the 'Yes' or 'No' box that best indicates your reply.
- If there is insufficient space provided, please provide further information on your letterhead.
- All attached documents form part of this Declaration.
- A separate Driver Declaration is required for each Driver.

**1. Proposer / Insured Details**

Company or Name:.....  
 .....  
 Phone: ..... Fax: .....

**2. Driver Details**

(i) Full Name as shown on Driver's Licence:.....  
 .....

(ii) Age:.....

(iii) Licence Details:

Licence Number: ..... For Class: .....

Expiry Date: ..... State of Issue:.....

Has a Licence been held in another State?  Yes or  No

If Yes, please advise which State and the Expiry Date:.....

(iv) Please tick types of Licences held and indicate how many years experience held in each type:

C.....yrs  LR.....yrs  MR.....yrs  HR.....yrs  HC.....yrs  MC.....yrs

(v) Please indicate distances previously travelled in each class (Australian Licence)

LR / MR:	<input type="checkbox"/> Up to 200klms	<input type="checkbox"/> 200 – 600 klms	<input type="checkbox"/> 600 – 850 klms	<input type="checkbox"/> Over 850 klms
HR:	<input type="checkbox"/> Up to 200klms	<input type="checkbox"/> 200 – 600 klms	<input type="checkbox"/> 600 – 850 klms	<input type="checkbox"/> Over 850 klms
HC:	<input type="checkbox"/> Up to 200klms	<input type="checkbox"/> 200 – 600 klms	<input type="checkbox"/> 600 – 850 klms	<input type="checkbox"/> Over 850 klms
MC:	<input type="checkbox"/> Up to 200klms	<input type="checkbox"/> 200 – 600 klms	<input type="checkbox"/> 600 – 850 klms	<input type="checkbox"/> Over 850 klms

(vi) In which Australian class of licence has your most recent driving experience been obtained: .....

How many years / months **continuous** experience in this class:.....

(vii) Which Class of Vehicle will you be driving for this Company / Insured:.....

(viii) What distance do you normally travel for this Company / Insured:.....

**3. Convictions**

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

Alcohol / DUI	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Culpable Driving	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Drug Offences	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Negligent Driving	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Dangerous Driving	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Other Criminal Conviction	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Traffic Offences	<input type="checkbox"/> Yes or <input type="checkbox"/> No	Court head driving offence	<input type="checkbox"/> Yes or <input type="checkbox"/> No

**4. In the last five years, have you, as a driver:**

- (i) Been involved in any accidents which resulted in or is likely to result in a claim being made?  Yes or  No
- (ii) Had an insurer decline you as a driver, or imposed special conditions on your approval?  Yes or  No
- (iii) Had your Driver's Licence endorsed, suspended or cancelled?  Yes or  No
- (iv) Do you suffer from any medical condition which would affect or limit your driving performance?  Yes or  No
- (v) Are there any other factors not disclosed (offences, driving history, accidents, disabilities or convictions) which should be advised to us prior to our consideration of your driving approval?  Yes or  No

If you have answered Yes to any of the above questions, please provide full details including court decisions and relevant dates:

.....

**5. Accident Details**

Please provide accident details for the last five years as follows:

Date	Estimated Cost of Damage	Nature of Accident	Type of Vehicle you drive in the accident	Insurance Claim Made?	Who was At Fault?
				<input type="checkbox"/> Yes or <input type="checkbox"/> No	
				<input type="checkbox"/> Yes or <input type="checkbox"/> No	
				<input type="checkbox"/> Yes or <input type="checkbox"/> No	

**6. Employment History**

Please provide details of your last five years employment (1. should be your current employer, show unemployment periods)

	Name of Employer / Contractor	Type of Vehicle / Combination Driven	Any Accidents?	Number of Years Employed
1.			<input type="checkbox"/> Yes or <input type="checkbox"/> No	
2.			<input type="checkbox"/> Yes or <input type="checkbox"/> No	
3.			<input type="checkbox"/> Yes or <input type="checkbox"/> No	
4.			<input type="checkbox"/> Yes or <input type="checkbox"/> No	
5.			<input type="checkbox"/> Yes or <input type="checkbox"/> No	

Please attach to this Driver Declaration

1. RTA Printout / Transport Authority driver history for the last five years driving in any and all States and Territories of Australia.
2. Ensure all aspects of this form are answered with sufficient detail to allow us to consider this request and provide a fast reply to you on driver approval.

**Declaration:**

I/We declare that:

- I am the driver of the vehicle(s)
- The statements in this Declaration are true and complete and no material information has been withheld
- I/We have read and understood the Important Notices accompanying this Declaration
- I/We have diligently made all necessary enquiries in order to comply with the duty of disclosure
- I/We have read the Pen Underwriting Privacy Statement on this Declaration and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement
- I/We acknowledge that Pen Underwriting relies on the information and representations in this Declaration and otherwise made by me or on my behalf in relation to this insurance
- Except where indicated to the contrary, I/We understand that any statement made in this Declaration will be treated as a statement made by all persons to be insured
- I/We undertake to notify Pen Underwriting of any material alteration to the information contained in this Declaration prior to inception of the proposed insurance
- I/We understand that no insurance is in place until such time as Pen Underwriting has confirmed acceptance of the proposed insurance

**Driver's Signature:** ..... **Date:** .....

**Insured's Signature:** ..... **Date:** .....