



# Direct Insurance Brokers Pty. Ltd.

Licensed General Insurance Brokers ABN 39 010 352 075 AFSL 241075



## Driver Declaration (see also overleaf)

**Important Notice to the Insured:** Cover is not automatic for drivers not declared to the Insurer. Please complete this form fully and promptly return it to us. We will issue confirmation on receipt of the Insurer's terms for the driver.

### CLIENT DETAILS

Insured's Name(s):

Insured's ABN:

Insured's Address:

### DRIVER DETAILS:

Driver's Full Name:

Date of Birth:

Licence No.:

Expiry Date:

Date First Issued:

Place Issued:

Class of vehicle to be driven:

Period licensed this class of vehicle:

Intended basis of employment: Permanent  Casual

### DRIVER HISTORY

Have you ever:

a) had an insurance policy or renewal declined, cancelled or increased terms imposed Yes  No

b) had a claim refused? Yes  No

**In the last 5 Years, Have you:**

c) had any accidents, thefts or fires involving vehicles? Yes  No

d) been charged with or fined for more than 3 offences (other than parking) Yes  No

e) had a licence endorsed, suspended or cancelled? Yes  No

f) been charged or convicted for driving under the influence of alcohol or driving with a blood alcohol content that exceeds the statutory limits (DUI/PCA)? Yes  No

g) been convicted of culpable, negligent or dangerous driving? Yes  No

h) been convicted of driving while license is suspended or cancelled? Yes  No

**In the last 10 Years, Have you, or a Company of which you were a Director:**

i) had actual or threatened insolvency or bankruptcy Yes  No

j) been charged with a criminal offence? Yes  No

Are there any other factors you think might influence an insurer's decision to cover you? Yes  No

If yes, please advise full details below.

This space (and overleaf) is for you to record details of all questions answered "YES" above (eg: year, nature of conviction, circumstances of accident or loss, cost, name of insurer.):

Please provide details of previous employers whose vehicles you have driven in the last 5 years:

Name of Employer	Period Employed	Type of Vehicle Driven	Permanent/Casual

**DECLARATION:** I/We hereby declare and warrant that I/We have read and understand this Declaration and the Duty of Disclosure notice overleaf and that the information supplied is in every respect correct and complete and that I/We have not withheld any information which may influence an Insurer in its assessment of the risk or the premium.

Drivers Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insureds Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**YOUR DUTY OF DISCLOSURE**

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurers decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters before you renew, extend, vary or reinstate a contract of insurance. Your duty however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken;
- that is of common knowledge;
- that the insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance with your duty is waived by the insurer.

**NON-DISCLOSURE**

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce their liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Use this additional space if you require more room to record all details of questions answered “YES” overleaf.