



# APPLICATION FOR DRIVER APPROVAL

Intermediary

Intermediary No.

## SECTION 1: COMPANY DETAILS

Company/Policyholder name:

Address:

State:

Postcode:

Phone number:

## COMPLETING THIS FORM:

This form is designed to allow us to consider additional information in respect of a driver. Sections 2 to 10 below are for completion by the driver themselves. Sections 11 & 12 below are for completion by the insured.

**Both Driver and Insured areas MUST be completed and signed to process this application.**

## SECTION 2: DRIVER DETAILS

Driver's name:

Address:

Date of birth:

/ /

State:

Postcode:

Phone number:

## SECTION 3: LICENCE DETAILS

LICENCE CATEGORY	YEARS HELD	STATE OF ISSUE	LICENCE No.	EXPIRY DATE
Car				
Light Rigid				
Medium Rigid				
Heavy Rigid				
Heavy Combination				
Multi Combination				

## SECTION 4: LICENCE INFRINGEMENT PRINT OUT

To support this declaration please attach a **FULL DRIVER LICENCE HISTORY PRINT OUT** from your state or territory Transport Authority. Please note on the driving history if the infringement was incurred in a vehicle over 2 tonnes or under 2 tonnes carrying capacity or in a Car.

**Please note we cannot process this form without this print out.**

If you have held a licence in another state, territory or country other than your current residence, please supply a print out from that state, territory or country.

## SECTION 5: DRIVING EXPERIENCE

Please tick the licence category of the vehicle you will be driving in this job, and fill in how many years' experience you have driving this licence class of vehicle in **Australia** and the average distance travelled per journey.

MC _____	years	200 kms	450 kms	850 kms	Over 850 kms
HC _____	years	200 kms	450 kms	850 kms	Over 850 kms
HR _____	years	200 kms	450 kms	850 kms	Over 850 kms
MR _____	years	200 kms	450 kms	850 kms	Over 850 kms
LR _____	years	200 kms	450 kms	850 kms	Over 850 kms

How many kms per week were you averaging driving this class of vehicle over the last year? \_\_\_\_\_ kms per week

What kind of freight were you carrying?

What were the primary route/s?

## SECTION 6: HEALTH

Have you had a medical examination in the last 12 months?	Yes	No
If no, when was your last medical examination?	_____ years/months ago	
If yes, were you declared fit to drive a Commercial Motor Vehicle?	Yes	No
Did you test positive to diabetes, sleep apnea or another significant medical condition which is reasonably likely to impact your driving capability if not satisfactorily managed?	Yes	No
If yes, is the condition managed to the satisfaction of the medical practitioner, enabling you to drive a heavy vehicle?	Yes	No

## SECTION 7: DRIVING HISTORY IN THE LAST 10 YEARS

Have you ever been convicted for:		
Driving under the influence of alcohol?	Yes	No
If yes, what kind of vehicle were you driving?	Truck	Car
Driving under the influence of drugs?	Yes	No
If yes, what kind of vehicle were you driving?	Truck	Car
Have you ever been convicted of road rage?	Yes	No
Driving dangerously, at fault, negligently or without due care?	Yes	No
Speeding at 15 - 30 km/hr or more over the posted limit in the last 2 years?	Yes	No
Have you ever had your licence endorsed, suspended or cancelled?	Yes	No
Have you held a different interstate licence, other than the licence number stated on this form, within the last 5 years?	Yes	No
Have you ever been convicted of a criminal offence in the past 10 years (5 years if juvenile)?	Yes	No
Have you ever been convicted of a drug offence in the past 10 years (5 years if juvenile)?	Yes	No

**If you have been convicted of a criminal offence please attach a copy of your national police clearance (i.e. criminal history) print out from the relevant authority.**

**SECTION 8: ACCIDENT HISTORY IN LAST 5 YEARS**

Have you ever had a Motor Vehicle accident? Yes      No

If yes, what kind of vehicle were you driving? Truck      Car

Were you found by police and investigators to be at fault? Yes      No

Was it a:              single-vehicle accident              multi-vehicle accident

If you answered yes, please provide the following:

DATE OF ACCIDENT	TIME OF DAY	DESCRIPTION	APPROX. COST OF DAMAGE	VEHICLE TYPE (i.e. Truck, Car, etc)	WHO WAS AT FAULT?
			\$		
			\$		
			\$		
			\$		
			\$		
			\$		

If there is not enough space provided, please attach a signed and dated declaration to this document.

**SECTION 9: TRAINING HISTORY**

Have you ever undertaken formal Fatigue Management Training? Yes      No

If so, who supplied the training?

Company name:

When was the training undertaken? Date:  /  /

Please provide details of any other training you have completed, or are currently completing:

COURSE	PLEASE INCLUDE DATE		PLEASE TICK	
	COMPLETED	CURRENTLY COMPLETING	COMPANY FUNDED	PERSONALLY FUNDED

**SECTION 10: RECENT EMPLOYMENT HISTORY**

Please provide details for the last five (5) years (starting with the most recent):

Company name:

Location:

Start date  /

Finish date  /

Type of freight carried:

Type of vehicle driven      MC                      HC                      HR                      MR

Average kms travelled per week:

---

Company name:

Location:

Start date  /

Finish date  /

Type of freight carried:

Type of vehicle driven      MC                      HC                      HR                      MR

Average kms travelled per week:

---

Company name:

Location:

Start date  /

Finish date  /

Type of freight carried:

Type of vehicle driven      MC                      HC                      HR                      MR

Average kms travelled per week:

---

Company name:

Location:

Start date  /

Finish date  /

Type of freight carried:

Type of vehicle driven      MC                      HC                      HR                      MR

Average kms travelled per week:

---

Company name:

Location:

Start date  /

Finish date  /

Type of freight carried:

Type of vehicle driven      MC                      HC                      HR                      MR

Average kms travelled per week:

**If there is not enough space provided, please photocopy this page and attach to this document.**

## SECTION 11: INTENDED DRIVER ACTIVITY

Describe the driver's work task as follows:

REG NO. OF VEHICLE	SUM INSURED	FORWARD FACING CAMERA FITTED	GPS FITTED	FURTHEST NORMAL DESTINATION	% OF WORKING HOURS BETWEEN MIDNIGHT & 6AM	AVG WEEKLY KMS

Circle Freight Task

General Freight      Machinery      Tipping      Livestock      Refrigerated      Dangerous Goods (i.e. Fuel)

If unit is articulated select configuration

Semi Trailer      B Double      B Triple      Double Road Train      Triple Road Train      Quad Road Train

Pocket Road Train

Will the driver be engaged in 'Two Up' operation?      Yes      No

Operational Routes:

FROM	TO	VIA	HIGHWAY(S) USED

Do you conduct route induction?      Yes      No

## SECTION 12: COMPANY TRAINING

Describe training that will be supplied to this driver

Details:

Details:

Details:

## SECTION 13: MISC INFORMATION

If there is anything else you would like to tell us to assist in the review of this application please write below.

**PRIVACY STATEMENT**

The Privacy Act 1998 (as amended) now applies and requires us to inform You that;

**Purpose of collection**

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purpose of acceptability as a driver of a Motor Vehicle under a policy.

The personal information collected can be used or disclosed by us for a secondary purpose related to the purpose listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purpose listed above.

**Disclosure**

We may disclose your personal information, when necessary and in connection with the purposes listed above, to;

Your Employer’s insurance broker or an agent of NTI Limited, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

**Consequences if information is not provided**

If you do not provide us with the information we need, we will be unable to consider your application as a driver of a Motor Vehicle under a policy.

**Access**

If you request access or wish to update the information we hold about you, please contact your nearest NTI office.

**Declaration**

I hereby declare that I have read the privacy statement above and consent to the collection of the above information by NTI.

I hereby declare and warrant that I have read this questionnaire and that the answers above are in every respect true and correct and that I have not withheld any material information. I also agree at the request of NTI to obtain from the relevant authority or Government department a complete and up to date record of offences.

Driver’s Signature:

Date:  /  /

I/We understand that no insurance for any vehicle in the control of the above-stated driver is in force until such time that this Driver Declaration is approved in writing by National Transport Insurance to include cover for this driver under this policy.

Insured’s Signature:

Date:  /  /

**NB: This application is not valid unless signed & dated by both the Insured and Driver.**

**OFFICE USE ONLY**

Risk Surveyor Comments:

Underwriting Manager Comments:

The driver stated in this declaration is:                      Approved                      Not approved

Special conditions apply:    Yes            No

\*If yes, please refer to the policy schedule.

Date:  /  /

Initials: