



Fleetsure Pty Ltd ABN: 78 078 661 220 AFSL: 238151
as agent of the insurer

Level 3, 131 Clarence Street
Sydney NSW 2000

Phone: 02 9299 5777
Email: enquiries@fleetsure.com.au



DRIVER / OPERATORS QUESTIONNAIRE

Employer – Insured _____ Policy Number _____

Drivers Name _____

Address _____ Postcode _____

_____ Date of Birth _____

Class of Licence _____ Licence No _____ Expiry _____ State of Issue _____

No of Years Driving Experience (for above Class of Licence)	Long Haul	Short Haul

If an earthmoving or miscellaneous machine, state certificate of competence number _____

Have you ever held a licence in another state or under another name or class of vehicle? Yes No

If "Yes", please FULL provide details _____

What date did / will you commence employment with this employer? _____

Have you ever had any accident, fire or theft happen to a vehicle under your control or made a claim under a motor policy? Yes No

If "Yes" please provide FULL details

Date of Accident	Insurer	Full Details	Incurred Amount

Have you ever been charged with an offence in connection with the care, control, management or use of a motor vehicle or had a driving licence suspended, endorsed or cancelled? If "Yes", please provide FULL details Yes No

Date	Charge	Offence	Penalty



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Have you ever been reported or charged or convicted of any of the following:

Drug Offence Yes No Criminal Offence Yes No
Alcohol Offence Yes No

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

In backwards order, name your previous 3 employers whilst employed as a professional driver and time of service:

Employer Start & end dates of employment Class of vehicle/s driven & radius work

Declaration

I hereby agree that I will upon request, within fourteen days of receiving notice thereof, obtain from the commissioner of transport or the authority having charge of the same, a complete and up-to-date record of offences in respect of which I have been reported and/or charged and/or convicted in connection with or as a result of the driving of any motor vehicle in any territory of the commonwealth of Australia or any other place and of all endorsements, suspensions or cancellations of any licence which I may have held entitling me to drive any motor vehicle and I hereby agree that if a dispute arises between us, I will not object to the admissibility in evidence of such record or the truth of matters contained therein. I agree that my failure to comply with such request as said will entitle you to refuse indemnity under this policy.

I consent to Fleetsure using my personal information I have provided on this form for the purpose of processing my application. I understand that if I chose not to provide the required details, this is my choice, however, Fleetsure may not be able to process my application.

I consent to Fleetsure disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Fleetsure also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Driver's Signature _____

Date _____

Insured's Signature _____

Date _____