

## THE INSURED / OWNERS DETAILS

Name of Insured / Owner in full (eg. John Anthony Smith)	First Name								
	Middle Name								
	Surname								
Address						State		Postcode	
Contact Details	Phone	( )	Fax	( )					
	Mobile		Email						
Tax Status	Registered Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN		Taxable		%	
Period of Insurance	From	/	/	to	/	/	at 4p.m.		

## THE DRIVERS DETAILS

Name of Insured in full (eg. John Anthony Smith)	First Name								
	Middle Name								
	Surname								
Address						State		Postcode	
Licence Number		Class		Expiry	/	/			
Years held this class		State of card issue		Date of Birth (DOB)	/	/			

## HISTORY

In the last 5 years have been charged or convicted of any of the following:

- Drink Driving (DUI/PCA)   
  Dangerous Driving   
  Speeding   
  Drug offences  
 Negligent Driving   
  Criminal Offences   
  Culpable Driving

Have you had an accident in the last 5 years? Yes  No

Have you had your licence suspended or cancelled in the last 5 years? Yes  No

Have you had your insurance declined /cancelled in the last 5 years? Yes  No

Have you lodged a claim in the last 5 years? Yes  No

If you have answered yes to any of these question supply details of offence/court findings including penalties or fines.

(Please attach further pages if there's insufficient space provided)

**HEAVY MOTOR OPERATIONS ONLY**

Number of years of Experience		Articulated		Rigid		Over GVM 12,000kg	
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Please advise vehicle combination you will be driving.

Please list record of work for (Contractor/Employer) starting with the most current for the last 10 years (Please attach further pages if there's insufficient space provided)

Name of Employer Contractor	Job description / operation	Period of Employment
		From    /    /                    to    /    /
		From    /    /                    to    /    /
		From    /    /                    to    /    /

**YOUR DUTY OF DISCLOSURE – CONTRACTS OF GENERAL INSURANCE SUBJECT TO INSURANCE CONTRACTS ACT**

Before you enter into a contract of general insurance with an Insurer, 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, that is relevant to the Insurer's decision whether to accept the risk of the insurance, and if so on what terms.

You have the same duty to disclose those matters to the Insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of matter:

- that diminishes the risk to be undertaken by the Insurer,
- that is of common knowledge,
- that your Insurer knows or, in the ordinary course of his 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 his 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.

**Please note that your duty applies also when you seek to renew, extend, alter or reinstate a policy.**

**DECLARATION AND SIGNATURE**

I/we declare that all particulars and statements are true and correct and I/we have not withheld any information

Drivers Signature	X	Date	/ /
Drivers Name			
Insureds / Owners Signature	X	Date	/ /
Insureds / Owners Name			