



# DRIVER DECLARATION

## Section 1 COMPANY DETAILS

Company / Policyholder name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Section 2 DRIVER DETAILS

Driver's name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone number: \_\_\_\_\_

How long have you held a heavy vehicles driver's licence? \_\_\_\_\_ years \_\_\_\_\_ months

## Section 3 LICENCE DETAILS

Licence Category	Licence Number	Years Held	Expiry Date
Heavy Vehicle Licence			
Forklift Licence			
Dangerous Goods Licence			

## Section 4 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 type of vehicle and the average distance travelled per journey.

<input type="checkbox"/> Class 2	_____ years	<input type="checkbox"/> 200 kms	<input type="checkbox"/> 450 kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850 kms
<input type="checkbox"/> Class 3	_____ years	<input type="checkbox"/> 200 kms	<input type="checkbox"/> 450 kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850 kms
<input type="checkbox"/> Class 4	_____ years	<input type="checkbox"/> 200 kms	<input type="checkbox"/> 450 kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850 kms
<input type="checkbox"/> Class 5	_____ years	<input type="checkbox"/> 200 kms	<input type="checkbox"/> 450 kms	<input type="checkbox"/> 850kms	<input type="checkbox"/> Over 850 kms

How many average km's do you expect to travel per journey in this job?  
 200 kms  450 kms  850kms  Over 850 kms

What kind of freight will you be carrying? \_\_\_\_\_

What will be the primary route/s? \_\_\_\_\_

## Section 5 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?  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 6 DRIVING HISTORY IN 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

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 12 months ?  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 ?  yes  no

Have you ever been convicted of a drug offence ?  yes  no

If you answered yes to any of these questions, then please provide full details below:

---

---

---

---

---

---

---

## Section 7 ACCIDENT HISTORY IN LAST 5 YEARS

Have you ever been in an 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	Description	Approx. cost of damage	Vehicle Type i.e. truck or car	Who was at fault?
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

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



## Section 8 TRAINING HISTORY

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

	(Please include date)		(Please tick)	
	Completed	Currently completing	Company funded	Personally funded

## Section 9 RECENT EMPLOYMENT HISTORY

Please provide details for the last four years:

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start date            /            /            Finish date            /            /

Type of freight carried: \_\_\_\_\_

Type of vehicle driven    Class 2    Class 3    Class 4    Class 5    Other

Average kms travelled per week: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start date            /            /            Finish date            /            /

Type of freight carried: \_\_\_\_\_

Type of vehicle driven    Class 2    Class 3    Class 4    Class 5    Other

Average kms travelled per week: \_\_\_\_\_

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Start date            /            /            Finish date            /            /

Type of freight carried: \_\_\_\_\_

Type of vehicle driven    Class 2    Class 3    Class 4    Class 5    Other

Average kms travelled per week: \_\_\_\_\_

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

**PRIVACY STATEMENT**

The Privacy Act 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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please note this application is not valid unless signed by both the Insured and Driver and dated accordingly.

**OFFICE USE ONLY**

Client ID No: \_\_\_\_\_

Broker: \_\_\_\_\_

The driver stated in this declaration is:

Approved  Not approved by NTI

Special conditions apply:  yes  no

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

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

Level 7, PWC Tower, 188 Quay Street AUCKLAND 1030 PO BOX 106-635, AUCKLAND 1030 T: 0800 684 247 F: 09 919 2034  
NTI is managed by NTI New Zealand Limited as agent for IAG New Zealand Limited as insurer.  
www.ntinz.co.nz

IAG New Zealand Limited has a credit rating of “AA-” as issued by Standard & Poor’s on 3 November 2011.

AAA: Extremely strong	A: Strong	BB: Marginal	CCC: Very Weak	R: Regulatory Action
AA: Very Strong	BBB: Good	B: Weak	CC: Extremely Weak	NR: Not Rated

Plus (+) or minus (-) signs following ratings from “AA” to “CCC” show relative standing within the major rating categories.