

# Tow Truck Driver's Declaration

Policy Number \_\_\_\_\_ Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 4pm

Name of Insured \_\_\_\_\_

## Driver's Details

Name of Driver \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Licence Number \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Mobile \_\_\_\_\_ Commencement Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Have you in the last five (5) years:

Had a accident whilst driving a Tow Truck?  Yes  No

Made a claim under a Tow Truck policy?  Yes  No

Been refused insurance or had a policy cancelled?  Yes  No

Had a compulsory excess imposed or increased?  Yes  No

Been convicted or fined for ANY traffic offence or had a driving licence endorsed or cancelled?  Yes  No

Have any physical defect or infirmity which would affect the driving of a motor vehicle?  Yes  No

Do you have ANY criminal convictions, findings of guilt and/or pending charges (non-traffic) against you?  Yes  No

Is there ANY other information which is relevant to the insurer in accepting this insurance?  Yes  No

Please list your Commercial Motor Driving experience, including the names of your employers over the last five (5) years.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If 'Yes', to any of the above questions, FULL DETAILS, must be disclosed in the space below

Full Details	Year	Company	Cost
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

If this driver replaces an existing driver, please state the driver's name and date ceased driving Insured Vehicle.

\_\_\_\_\_

\_\_\_\_\_

I hereby declare that the above particulars and statements are true and correct and I have have not withheld any relevant information.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorised Employer Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_