



# DRIVERS DECLARATION

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

## **DRIVER / OPERATOR DETAILS**

Name in Full: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Details of Licences Currently Held	Licence Number	Class	Date Obtained	State of Issue

Please give details of vehicles/machinery operated during the past five years.

Year	Employers Name	Equipment Operated	Hours of Experience

In the past 5 years, have you in any capacity been involved in any vehicle/mobile machinery accidents? **Yes**  **No**

If Yes, please give details below:

Year	Insurers Involved	Value of Damage		Were you at fault?
		You	Other Party	
		\$	\$	
		\$	\$	
		\$	\$	

**Have you:**

- A.** any physical defect or infirmity in limbs, eyesight, or hearing or ever suffered from a fit of any kind? **Yes**  **No**

If **Yes**, please give details below:

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- B.** ever had any insurance declined or cancelled, renewal refused or special conditions imposed? **Yes**  **No**

If **Yes**, please give details below:

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- C.** ever had a licence held by you cancelled or suspended, withdrawn or received a warning that such license may be cancelled or suspended? **Yes**  **No**

If **Yes**, please give details below:

Year	Type of Licence Cancelled/Suspended	Reason

*(an offence also means being under the influence of an intoxicating liquor or drug)*

- D.** ever in the past 5 years been reported for any offence in connection with the care, control management or use of any mobile machinery? **Yes**  **No**

If **Yes**, please give details below:

Year	Offences, etc	Details



E. ever been charged with or convicted of any criminal offence of any kind whatsoever other than any offence described above? **Yes**  **No**

If **Yes**, please give details below:

Year	Offences, etc	Details

## Declaration & Signature

I hereby agree that I will at the request of UAA within fourteen (14) days of receiving notice thereof, obtain from the Commissioner of Motor 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 State or Territory of the Commonwealth of Australia or any other place and of all endorsements, suspensions or cancellations of any license which I may have held entitling me to drive any motor vehicle.

I hereby agree that if a dispute arises between me and UAA I will not object to admissibility in evidence of such record or the truth of the matters contained therein.

I agree that my failure to comply with such request as aforesaid will entitle UAA to refuse indemnity under the ISP policy.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_