



ZURICH[®]

Driver's Declaration

Questionnaire

Completing the Questionnaire form

1. This questionnaire must be completed in full including all required attachments.
2. If more space is needed to answer a question, please attach a separate sheet with details.
3. The term Insured, whenever used in this questionnaire shall mean the Insured and all subsidiary companies of the Insured for which coverage is proposed.

Duty of disclosure – Motor Insurance/Commercial Motor Insurance

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984 (Cth).

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Duty of disclosure – Motor Fleet Insurance

For policyholders who are not a natural person, before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

Individuals

If you are the policyholder and you are a natural person, a different duty of disclosure to the one set out above applies to you. Contact your intermediary or us to ensure you are notified of your duty.

If you do not tell us something

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to assess applications, administer policies, contact you, enhance our products and services and manage claims ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, affiliates of Zurich Insurance Group Ltd, other insurers and reinsurers, our banking gateway providers and credit card transactions processors, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information include the Insurance Contracts Act 1984, Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Corporations Act 2001, Autonomous Sanctions Act 2011, A New Tax System (Goods and Services Tax) Act 1999 and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at www.zurich.com.au or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

Reasonable precautions and fraudulent acts

You must take all reasonable precautions for the maintenance and safety of the Insured Property and prevention of loss. We will not be liable for any loss, damage, injury or liability arising from a deliberate or fraudulent act committed by you or on your behalf.

Policy details

For full details of cover, please refer to the Product Disclosure Statement and Policy wording which sets out the terms and conditions of cover offered. This is available from your local Zurich Office or your intermediary.

1 Driver details

Name of Insured / Employer

Policy Number

(a) State your full name

Address

State

Postcode

(b) Date of birth / /

(c) What licence(s) do you currently hold?

Class

Date obtained

/

/

State of issue

Have you previously driven prime movers or other heavy vehicles? Yes No If 'Yes', how long?

(d) Have you during the last 5 years had any accident or fire happen to a vehicle under your control? Yes No

If 'Yes', please provide details

Date of loss	Insurance company	Details of accident	Amount
			\$
			\$
			\$

(e) Have you during the past 5 years been charged and / or convicted with an offence in connection with the care, control, management or use of a motor vehicle or had a driving licence suspended or withdrawn? Yes No

If 'Yes', please provide details

Date of charge	Nature of charge	Penalty

(f) Have you ever been reported for, or charged with, or convicted of alleged drunkenness, or alleged use, or alleged possession of drugs? Yes No

If 'Yes', please provide details

Date of charge	Offence(s)	Details

(g) Have you ever been charged with, or convicted of any criminal offence of any kind whatsoever, other than any offence described in (e) and (f)? Yes No

If 'Yes', please provide details

Date of charge	Offence(s)	Details

(h) Have you ever suffered from any physical defect, infirmity, impairment or affliction of sight or hearing or a fit of any kind? Yes No

If 'Yes', please provide details and state if it is necessary to wear / use an artificial aid to drive the vehicle.

2 Declaration

I hereby agree that I will at the request of Zurich Australian Insurance Limited, within 14 days of receiving notice thereof, obtain from the appropriate authority, 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 licence which I may have held entitling me to drive any motor vehicle and I hereby agree that if a dispute arises between me and the Zurich Australian Insurance Limited, I will not object to the admissibility in evidence of such record or the truth of the matters contained therein.

Signature

Date

X

/ /

Save File

Print Form