



DRIVERS QUESTIONNAIRE - TRANSPORT

Total Number of Years Licensed to Drive a Motor Vehicle:

Have you had any convictions in the last five (5) years for: - (Y/N)

Alcohol:.....Drug Offences:.....Dangerous Driving:

Culpable Driving:Negligent Driving:Other:

Have you been fined or convicted of a speeding or other traffic offence (excluding parking) in the past five (5) years?

(Y/N).....

Have you been involved in any accidents or lodged a claim in the last five (5) years?

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Have you ever had Insurance declined, cancelled, renewal refused and/or special conditions imposed?

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Have you ever had a Drivers Licence endorsed, suspended or cancelled?

If so, provide details.....

Do you suffer from any physical or mental disability or any medical condition (e.g. epilepsy, diabetes, heart condition, faulty eyesight) which could affect your driving performance?

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If you answered "Yes" to any of the above please provide full details below:

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I hereby declare and warrant that I have read and will abide by the Safety Principles Transport Documents and completed the Drivers Questionnaire above. The answers given to the above questions are in every respect true and correct and I have not withheld any information.

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Signature

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Date