

Transport

Driver Questionnaire

Confidential



1. Drivers Details

Name: _____ Address: _____

Date of Birth: _____ Telephone: _____

2. Driving Licence Details

Licence Number: _____ Expiry Date: _____

Classes of Licence: _____ Full: Provisional:

3. Company Information

Position: _____ Joined: _____

Division: _____ Location: _____

4. Driving Record

Has your licence ever been suspended or endorsed? Yes / No
If "YES", give details:

Have you ever been charged or convicted of any serious driving offence? Yes / No
If "YES", has it been due to,

- 1. Manslaughter or causing death by dangerous driving? Yes / No
- 2. Driving under the influence of drugs or alcohol? Yes / No
- 3. Dangerous or reckless driving? Yes / No

Has there been a loss of licence due to accumulation of penalty points? Yes / No

State (if any) number of penalty points accumulated currently?

Are there any prosecutions pending in connection with any motoring offence? Yes / No
If "YES", give details:

Have you had any motor accidents in the last 5 years?

Yes / No

If "YES", give details:

5. Insurance History

Have you ever had Motor Insurance in your own name?

Yes / No

If "YES", give details of Insurance Company: _____

Has any insurer refused to accept/renew/or cancelled their motor policy with you? Yes / No

If "YES", give details:

6. Declaration

I have read over this questionnaire and declare that the information I have given is correct. I have not withheld or misrepresented any material fact. I undertake to inform the company of any change in the above information as soon as it occurs.

Name: _____

Signed: _____ Date: _____