

Please note page 4 only needs to be completed if the vehicle(s) carrying the Goods is/are insured with ATL and a claim is to be lodged for damage to the vehicles).

Driver's details

Surname: _____ First Name: _____

Address: _____

Suburb/Town _____ Post Code _____

Phone: (____) _____ Mobile: _____

Date of Birth: __/__/__ Licence No: _____

Licence Classes: _____ Years of Experience with this licence class: _____

Did the Driver undergo a Drug or Alcohol Test? Yes No

If "Yes", please provide further details below

Did the Driver refuse to undertake any Drug or Alcohol test? Yes No

Has the Driver been charged with any offence as a result of this Accident? Yes No

Was the Driver within the required Log Book Hours? Yes No

Does the Driver have any physical or mental infirmities or health issues requiring medication or monitoring? Yes No

If 'Yes', to any of the above questions, please specify:

Insured's Vehicle details

Vehicle 1 Year: _____ Make/Model: _____

Body Type: _____ Rego: _____

Vehicle 2 Year: _____ Make/Model: _____

Body Type: _____ Rego: _____

Vehicle 3 Year: _____ Make/Model: _____

Body Type: _____ Rego: _____