

# EMPLOYEE TRANSPORT DETAILS



## NEW MOTOR VEHICLE

VEHICLE REGISTRATION:		REGO EXPIRY:	
VEHICLE MAKE		VEHICLE MODEL	
NAME OF OWNER:			

Is the vehicle being listed a Rental Car?  YES  NO

If 'YES', please complete below:

NAME OF RENTAL AGENCY:			
RENTED FROM		RENTED TO	

## EXISTING MOTOR VEHICLE

Do you need to remove a vehicle from file?  YES  NO

If 'YES', please complete below:

VEHICLE REGISTRATION:		VEHICLE MAKE AND MODEL	
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## COMPREHENSIVE INSURANCE

INSURER NAME:	
INSURANCE EXPIRY:	

I have provided evidence of this valid policy relating to my registered motor vehicle?  YES  NO

*\* NOTE: By listing the above Motor Vehicle and Insurance details you are declaring that this vehicle, which will be provided consent to operate, for work purposes in the provision of service to consumers Disability Services provided by ARC Disability Services Incorporated. You warrant and represent that you are the owner of the vehicle or I have consent of the registered owner of the above listed Motor Vehicle.*

## EMPLOYEE ACKNOWLEDGEMENT

By signing this form, you accept that these details, and any subsequent updates or supporting details, will be kept as a record in your employee personnel file, and you declare all answers written are true, correct. The employee also acknowledges that it is their responsibility to notify ARC of any changes to these details.

### SIGNED by the EMPLOYEE:

FULL NAME			
SIGNATURE		DATE	

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