# **Designated Driver Agreement Form**

## For Drivers of University of Otago

Department of	<b>Vehicles</b>
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The driving of University vehicles is **INHERENTLY RISKY.** This agreement seeks to minimise the risks for passengers and drivers travelling in University vehicles. The following vehicle procedures MUST be followed by all drivers:

- **PRIOR TO STARTING THE VEHICLE,** a visual check of the outside of the vehicle should be completed. This procedure will include ensuring all lights including indicators are functional, a tyre check and that trailer hitches and loads are effectively secured. Check the availability of snow chains if they are likely to be required
- Report any faults found to the person responsible for vehicle maintenance PRIOR to departure.
- All persons within a moving vehicle will wear seatbelts. Fines for violation will be the responsibility
  of the driver of the vehicle.
- All speed limits and motor vehicle laws will be complied with. Fines for violation will be the responsibility of the driver of the vehicle.
- Drivers will take rest stops at regular intervals, and when necessary rotate driving responsibilities.
- Extra precautions will be taken in special situations, such as off-road conditions, non-sealed roads, when passing other vehicles, during steep downhill gradients, during winter to allow for icy roads, when towing trailers and on back country roads requiring reduced speeds and/or winter chains.
- In the event of a vehicle accident or incident, the procedure outlined on the reverse of this sheet will be followed. An accident or incident shall require the completion of an Accident/Incident Report Form.
- Smoking is not permitted in departmental vehicles at any time.
- NOTE: NO INSURANCE COVER EXISTS for accidents where a driver is influenced by recreational drugs and/or alcohol. Driving under the influence of drugs and/or alcohol deems the driver 100% responsible for all damages caused.

I hereby accept the responsibilities of acting as a designated driver, having read the above points and agreeing to abide by them.

I have a current driver's licence and with all correct classes and necessary endorsements.

I further agree to use the vehicle Fleetcard solely for vehicle related costs and **NOT** for the purchase of personal items.

NAME:	SIGNATURE:
DATE:	

# **In Case of Accident:**

- Stop your vehicle in a safe place as close to the accident scene as possible.
- Ensure your own safety.
- Help any injured persons and call for assistance if required.

## **Emergencies – Dial 111**

# Non-emergency traffic incidents – Dial \*555 from a mobile phone

- Contact the Police on the above numbers if any injuries have been sustained or if you damage property other than your own.
- Collect and give the accident and insurance information below.

### Call your department from the scene

# Insurance:

#### **DO NOT ADMIT LIABILITY**

- Where applicable record the following information:
  - o Date, time and place of accident.
  - o Road conditions.
  - o Gerenal description of accident.
  - o Registration and details of all vehicles.
  - o Name and address of other vehicle owner/driver.
  - Name and address of any witness.
  - Name of other driver's insurer.
- Give the following information when requested:
  - o Your name
  - The following details as your contact address:

**University of Otago Insurance Administrator** PO Box 56

Dunedin