

APPENDIX 2

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST
LEASE CAR SCHEME
MOTOR VEHICLE INSURANCE & DRIVER LICENCE CHECK
DECLARATION

Relating to the Proposal Form in the name of

(name of employee /home who leases the vehicle):

1. Name
Address
Age Occupation Date of birth

2. (a) How long have you held a full UK licence?
(b) What type of driving licence do you hold?
(c) Have you been driving in this country during the past 12 months? **Yes/No**

3. Give duration of driving experience in connection with the under mentioned types of vehicles:

Private Cars
Commercial Vehicles
Motor Cycles

4. Has any Insurance Company or Underwriter ever refused you Motor Vehicle insurance or imposed special conditions?
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.....

5. Have you ever been convicted of any offence in connection with any motor vehicle? If so, give details:
.....
.....

6. Do you suffer from defective vision or hearing or from any physical or mental infirmity? If so, give details:
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.....

7. Give particulars of accidents or losses during the past three years in connection with any motor vehicle owned or driven by you.
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8. Please state name of your own Insurers (if any).
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9. DVLA Driver Licence 'Check Code' (This is only valid for 21 days)

<https://www.gov.uk/view-driving-licence>

I hereby warrant the truth of the above statements and I declare that I have not withheld any information.

Date Signature

SAMPLE - DO NOT USE