

Private Car

Statement of Fact



Policy number:

Broker agency number:

Effective date and time:

These are the details supplied by you and form the basis of your contract of insurance. If the details are correct there is no need to take any further action. However, you should store this document in a safe place for future reference. If any details are incorrect or incomplete, please contact your broker and notify them of any errors. If the risk remains acceptable they will issue a further statement of fact showing the correct details. If you provide false or incorrect information, withhold information or fail to inform us of any errors, your policy could be cancelled or declared void or we may refuse to pay a claim.

You, the Proposer

Name of proposer	<input type="text"/>		
Postal address	<input type="text"/>		
Postcode	<input type="text"/>		
Occupation (including part-time)	<input type="text"/>		
Nature of business	<input type="text"/>	Employment Status	<input type="text"/>
Daytime telephone number	<input type="text"/>	Evening telephone number	<input type="text"/>
Marital Status	<input type="text"/>		

Your Vehicle

Registration number	Make & model	Cubic capacity	No. of doors	Year of make	Purchase date	Estimated value	Value of audio equipment (unless manufacturer's standard fit)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration number	Are there any changes from the manufacturer's standard specification? (If YES give details)	Vehicle Owner	Vehicle keeper	Main Driver	Are any security devices, other than the manufacturer standard equipment, fitted? (If Yes give details)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Registration number	Post code where kept overnight	Where is Vehicle located overnight	What is the expected annual mileage of your vehicle (in Miles)	Right Hand Drive	Fuel Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Driver Restrictions

Registration Number	Driver Restrictions	Authorised Drivers	Main Driver
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Use

Registration number	Use Required
<input type="text"/>	<input type="text"/>

Drivers

You must provide the details of yourself and any other person who may drive

Name of Driver	Occupation(s) (incl. part time)	Date of birth	How long have you driven regularly in the UK?	Number Of Other Vehicles Access

Name of Driver	Type of licence (including full or provisional) and period held		Does any driver suffer a disability or medical condition that must be revealed to the DVLA? (Give full details below or overleaf)	Have you or any person who may drive had an insurance policy declined or any special terms imposed? (If YES, give details)		
	Type	Year test passed		Refused/Declined	Cancelled/Voided	Special Terms Imposed

You must disclose the details of any medical condition or disability that must be notified to the DVLA, whether the driving licence has been restricted or not. We may request a copy of a driving licence following a claim.

Convictions

In last five years, Have you or any person who may drive been convicted of any motoring offence (including fixed penalties), been disqualified from driving or are there any prosecutions pending? IF YOU HAVE ANSWERED YES, PLEASE PROVIDE DETAILS BELOW

Name of Driver	Offence Code	Date of Offence	Date of Conviction	Penalty Points	Fine	Disqualification Period(Months)

Non-motor Convictions

Has anyone who may drive been convicted or charged (but not tried) of any non-motoring offence? If YES, give details

Name of driver	Offence Date	Offence Type	Sentence Type	Length of Sentence (Years)	Early Release Date

Insurance History

Registration Number	Name of Previous Insurer	Policy Number	Expiry Date	No Claim Bonus Entitlement (Years)	Do you require Protected No Claim Bonus?

Accidents/Claims/Losses

Have you or any person who may drive had any accidents/claims/losses (whether to blame or not) in connection with any motor vehicle during the last five years? If YES please give details below.

Name of Driver	Date	Brief Details	Total Repair Cost	Was there a personal Injury Claim?

Additional Information (use a separate sheet of paper if necessary)

Data Protection Notice

Please read this notice carefully as it contains important information about the details you will give or have given us. You should show this notice to anyone covered by this insurance.

ERS Syndicate Management Limited is the data controller in respect of your personal information. We will process the details you have given us in line with the UK's Data Protection laws and any other laws that apply. We may work with partner organisations and service providers who are located in other countries, and as a result your information may be processed outside the European Economic Area. In all cases we will make sure that your information is adequately protected. The UK's Data Protection laws classify information about your medical conditions and criminal convictions as 'special category' personal data. We will use this information to assess your request for insurance, to administer your insurance contract and to deal with any claims. We share information with other insurers, certain government organisations and other authorised organisations for the purpose of insurance underwriting, preventing or detecting fraud, managing claims and managing complaints. However, we will only share 'special category' personal data where it is essential for these purposes.

You can find more information about how we use your personal information on our website: www.ers.com/policy-pages/privacy-policy

If you have any questions please contact the Data Protection Officer at 21 Lombard Street, London, EC3V 9AH or at dpo@ers.com

Declaration

I/We declare that the answers given (on which the underwriters will rely when deciding whether to accept the risk and in fixing the premium) are true to the best of my/our knowledge and belief and that no information has been withheld. I/we also agree that if another person has given any information on this form, he or she acted as my/our agent for this purpose. I/We hereby consent to any information you may have about me/us being processed in accordance with the data protection notice on this form.

Motor Insurance Database

Information about your insurance policy will be added to the Motor Insurance Database (MID) which is managed by the Motor Insurers' Bureau (MIB). Certain government or authorised organisations including the police, the DVLA, the DVLNI, the Insurance Fraud Bureau and other organisations allowed by law may use the MID and the information stored on it for purposes including Continuous Insurance Enforcement (you can get information about this from the Department of Transport), electronic vehicle licensing, law enforcement for the purposes of preventing, detecting, catching or prosecuting offenders and providing government services or other services aimed at reducing the level of uninsured driving. If you are involved in a road-traffic accident (either in the UK, the EEA or certain other territories), insurers or the MIB (or both) may search the MID to gather relevant information. Anyone making a claim for a road-traffic accident (including their appointed representatives and citizens of other countries) may also gather relevant information which is held on the MID. It is vital that the MID holds your correct registration number. If it is not shown correctly on the MID, you are at risk of having your vehicle seized by the police. You can check that your correct registration number details are shown on the MID at www.askmid.com.

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