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.

Yo	ou, the Propose	r												
Nā	Name of proposer]
Po	Postal address]
Pc	Postcode]
Occupation (including part-]
	ne) ature of business						Employment Status]
Da	uytime telephone	e number					Evening telephone]
Ma	arital Status					' 	number]
V	our Vehicle													
	our venicle													
	Registration number	egistration number Make & model		Cubic capacity	No. of doors		Year of Purchase date			Insured Valu vehicle (ur value*		(unless manufa	ue of audio equipment nless manufacturer's standard fit)	
	Registration number			1	Vehicle Owner V			Vehicle keeper Maii			n Driver than the		security devices, other manufacturer standard quipment, fitted? Yes give details)	
											(A resigne details)			
			e where kept Where is Vehicle locate overnight			ed	What is the expected annual mileage of your vehicle (in Miles)			Right Hand Dri		Drive	Fuel Type	
			vehicle value reflects the market value of the vehicle as this is the limit of cover available in relation to claims for					<u> </u>						
	ou must ensure damage to you		vehicle value re	tlects the ma	rket value of	the	vehicle as t	this is t	he limit	of cover ava	ilable in	relation to cla	ims for loss	of
Dr	iver Restriction	ns												
	Registratio Number	n	Driver Restrictions				Authorised Drivers				Main Driver			
Us	Use													
	Registration number						Use Required]

D	rivers										
		You must provide the details of yourself and any other person who may drive									
	Name of Driver	(Occupation(s) (i	ncl. part time)	Da	te of birth	How long have you driven regularly in the UK?			Of Other S Access	
	Name of Driver	Type of licence (includin full or provisional) and period held		d disability or medical that must be reveale DVLA? (Give full detai		ondition I to the	Have you o policy	declined	son who may d l or any special f YES, give deta	terms impose	surance d?
		Туре	Year tes passed	_			Refused/Decli	ned Ca	ancelled/Voided		l Terms osed
W	L ou must disclose the de 'e may request a copy c	_		_	t be n	otified to t	he DVLA, whethe	er the dri	ving licence has	been restrict	ed or not.
С	onvictions										
	n last five years, Have yo riving or are there any p								alties), been disc	qualified from	
	Name of Driver	Name of Driver		de	Date of Offence		Date of Conviction	Penalty Points	Fine	Disqua Period	alification l(Months)
N	on-motor Conviction	s									
			ted or charged	(but not tried) of any no	on-ma	otorina off	ance? If VES, giv	o dotails			
111	as anyone who may an	ay drive been convicted or charged (but not tried) of any non-motoring offence? If YES, give details									
	Name of driver Offend		ce Date	ate Offence Type			Sentence Type		Length of Sentence (Years)		Release Date
Insurance History											
	Registration	Posiciration		Policy Number	cu Number E		Expiry No Cla		us Do y	jou require Pr	otected No
	Number Name of Previous If		evious msurer	Policy Number		Date	Entitle	ment (Ye	ears)	Claim Bonus?	
A	ccidents/Claims/Los	ses			L						
H. la	ave you or any person v st five years? If YES ple	vho may drive ase give detail	had any accide s below.	nts/claims/losses (whet	ther to	o blame or	not) in connecti	ion with a	any motor vehic	le during the	
	Name of Driver Date			Brief Details			To		Repair Cost	Was there a Injury (
A	dditional Informatio	n (use a sepa	rate sheet of	paper if necessaru)							
		•		· · · · · · · · · · · · · · · · · · ·							

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.

IQUW 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 30 Fenchurch Street, London EC3M 3BD or at <a href="https://dpoi.org

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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