

# 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/telephone equipment (unless manufacturer fitted)
<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	Postcode where kept overnight	Cover	Where is vehicle located overnight	What is the expected annual mileage of your vehicle (in miles)	Right or left hand drive	Fuel type	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver restrictions							
Registration number	Driver restrictions	Declared 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	Number of other vehicles driver has access to		
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 disclosed to the DVLA? (If YES, give details)	Have you or any person who may drive had an insurance policy refused/declined, cancelled/voided or any special terms imposed? (If YES, give details in Additional information section)		
	Type	Date licence obtained		Refused/Declined	Cancelled/Voided	Special terms imposed

You are reminded that you are required by law to inform Drivers Medical Enquiries, DVLA, Swansea SA99 1TU, at once, if you have any disability (including any physical or mental condition) which is or may become likely to affect your fitness as a driver.

**Motoring convictions**

In the 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-motoring convictions**

Has anyone who may drive been convicted or has pending conviction for any non-motoring offence? IF YOU HAVE ANSWERED YES, PLEASE PROVIDE DETAILS BELOW.

Name of driver	Date of conviction	Offence type	Sentence type	Length of sentence (months)	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 three years? IF YOU HAVE ANSWERED YES, PLEASE PROVIDE DETAILS BELOW.

Name of driver	Date	Brief details	At fault	Total repair cost	Was there a personal injury claim?	Has the claim been settled?

**Additional information****Data protection notice**

Please read this notice carefully as it contains important information about the details you will give or have given us. It is a condition of this insurance that you read and accept the terms of this data protection notice. You should show this notice to anyone covered by this insurance. We will process the details you have provided in line with the Data Protection Act 1998 and other laws which may apply. Your information may also be processed outside of the European area. In all instances we make sure that your information has enough protection. So that we can assess the terms of an insurance contract, or deal with any claims that may arise, we may need to share information which is classed as 'sensitive' under the Data Protection Act 1998. We may pass this information to other organisations that we have carefully chosen as well as other companies within our group. 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. If you have any questions please contact the Company Secretary at ERS Governance Affairs, PO Box 3937, Swindon, SN4 4GW. By proceeding with this application you signify your consent to such information being processed in this way.

### Important notes

1. 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.
2. At your request a copy of this completed form will be supplied to you, provided the request is made within a period of three months after its completion.
3. Underwriters liability does not operate until acceptance has been notified or a Cover Note delivered to the Insured. If the Proposal should disclose any special features the Underwriters may quote special terms and they reserve the right to decline a proposal.
4. Details of full policy terms can be supplied on request.
5. Unless such person(s) have been declared to the Underwriters and given permission to drive under this policy, I/we undertake that the vehicle(s) will not be driven by any person(s) who to my/our knowledge:
  - a) has been refused any motor vehicle insurance or continuance thereof.
  - b) suffers from any disability (including any physical or mental condition) that is notifiable to the DVLA.
  - c) has during the last 5 years been convicted of any of the following motor offences: vehicular manslaughter, causing death by dangerous driving, dangerous driving, driving under the influence of drink or drugs, failing to stop after an accident, any offence or combination of offences which resulted in suspension from driving.
  - d) has a non-motor conviction(s) or prosecution(s) pending (where a case is being investigated but there is no conviction yet) that must be legally declared.

### 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](http://www.askmid.com).

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