Classic 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.

Name of proposer	
Postal address	
Postcode	
Occupation (including part-time)	
Nature of business	Employment status
Daytime telephone number	Evening telephone number
Marital status	

Registration / Chassis	Make	Make & model there any changes from he manufacturer's st ndard specification? (If YES, give		Cubic No. of doors		Year of make			Estimated value Value type		Value of audio/telephone equipment (unless manufacturer fitted)		
Registration / Chassis number	the manufact andard speci					Vehic	de keeper	keeper Main		Are any security devices, other than the manufacturer standard equipment, fitted? (If YES, give details)			
Registration / Chassis	Postcode where kept ov		Cover			ere is v le located (What ov mileage	is the expected of your vehic	ed annual le (in	Right or left hand drive	Fuel type		

Registration / Chassis number Use required	

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

Name of driver	Occupation(s) (incl. part time)			Club membe	ership	Date of birth	Number	of other vehicles driver has
Name of driver	or provisional) and period or medical conc		r suffer a disability dition that must be to the DVLA?	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				
	Туре	Date licence obtained	(If YI	ES, give	Refused/De	eclined Can	celled/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. Statement of Facts - Page 1 of

otoring 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			Date of Date of						Fine]		
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on-motoring convict	ions													
	IDE DE TAII	LS BELOW		ending conviction fo	for any non-motoring offence? If YOU									
Name of driver		conviction Offence type				Sentence type				(months)			release date	
surane o history														
Registration / Chassis	Name of previous insurer		urer	Policy number		Expiry date No cla			m bonus entitlement (years)					
cidents/Claims/Los	20.00													
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				Brief details				At fault	Total repair cost		personal ir		Has the claim been settled?	
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Name of driver Offence code Demotoring Convictions Has anyone who may drive been convicted or has p YES, PLEASE PROVIDE DETAILS BELOW. Name of driver Date of conviction Chassis Name of previous insurer Chassis Name of driver Date Name of driver driver Name of driver Date Name of driver Name	In the last five years, have you or any person who may drive been convibeen disqualified from driving or are there any prosecutions pending? II DETAILS BELOW. Name of driver Offence code Name of driver Offence code Name of driver Offence code Name of driver Date of conviction for YES, PLEASE PROVIDE DETAILS BELOW. Name of driver Date of conviction Offence type Offence type Chassis Name of previous insurer Policy number Chassis Chassis Name of previous insurer Policy number Chassis Name of driver Date Brief of the last three years? IF YOU HAVE ANSWERED YES, PLEASI Name of driver Date Name of driver Date Name of driver Date Name of driver Date Brief of this data protection notice. 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In all instruces we make sure that you information has any questions ple too the organisations in dother authorised organisations in the other instruces. State and the any claims that we have carefully chosen as well th other instruces, certain government organisations that we h	In the last five years, have you or any person who may drive been convicted of any motioning of been disqualified from driving or are there any prosecutions pending? IF YOU HAVE ANSWE DETAILS BELOW. 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You should show this notice to anyone it alis you have provided	In the last five years, have you or any person who may drive been convicted of any motoring offence (includin been disqualified from driving or are there any prosecutions pending? IF YOU HAVE ANSWERED YES, PLE DETAILS BELOW. Name of driver Offence code Date of conviction Pendin Pendin Answer Stress of the second sec	In the last five years, have you or any person who may drive been convicted of any motoring offence (including fixed been disqualified from driving or are there any prosecutions pending? IF YOU HAVE ANSWERED YES, PLEASE PP DETAILS BELOW. Name of driver Offence code Date of offence? Penalty points AnswohaldingCOM/EL/IONS Has anyone who may drive been convicted or has pending conviction for any non-motoring offence? If YOU HAVE A YES, PLEASE PROVIDE DE TAILS BELOW. 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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 <u>wwwaskmidcom</u>.

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