

COMPANY CAR CONFIRMATION FORM

COMPANY DECLARATION:

I, Mr/Mrs/Miss/Other _____,

wish to confirm Mr/Mrs/Miss/Other _____

has had the use of a company car for the past _____ years.

I can also confirm during that period there have been no accidents reported to me or no incidents to which I am aware of that may give rise to a claim.

Signed.....

Position.....

Company.....

Dated this _____ day of _____ 20_____

DRIVER DECLARATION:

I, Mr/Mrs/Miss/Other _____, wish to confirm there have been no accidents or incidents that may give rise to a claim during the term I have had use of a company vehicle.

I confirm I have held a Full' Driving Licence for the past _____ years. I am aware that my duty of disclosure applies at all times and failure to disclose any material facts may result in this insurance being declared null and void or not being fully operational. I am aware if I am in any doubt as to whether information is a material fact or not, I should disclose it.

Have you ever:

Been involved in a traffic accident? YES / NO

Been convicted of any offence in connection with a motor vehicle? YES / NO

If 'YES' to either of the above, please give FULL details _____

Have you normal sight in both eyes, normal hearing in both ears and are you without physical defect? YES / NO

If 'NO', please give FULL details _____

Do you own your own vehicle? YES / NO

Have you ever been refused motor insurance or had a policy cancelled? YES/NO

If 'YES', please give FULL details _____

I WARRANT THAT ALL THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND THAT I HAVE NOT SUPPRESSED, MISREPRESENTED OR MISSTATED ANY MATERIAL FACT.

Signature of Proposed Driver: _____ **Date:** ____/____/____

I HEREBY DECLARE THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT AND I AGREE THAT THIS DOCUMENT SHALL BE INCORPORATED INTO AND SHALL FORM PART OF THE CONTRACT BETWEEN ME/US AND THE COMPANY.

Signature of Policyholder: _____ **Date:** ____/____/____