



**Insurance Declaration**

**PLEASE PRINT CLEARLY IN BLACK INK**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name |  | | | | | | | Staff  Student | |
| School / College |  | | | | | | | | |
| Email |  | | | | | | | | |
| Type of driving licence | | | UK  Northern Ireland | | | | | | |
| Licence obtained in which type of vehicle: | | | | | | Manual  Automatic | | | |
| Licence issue no. | |  | | Ie. last 2 digits | | | UNIOG01012024U00GG 24 | | |
| Driving test pass date | |  | | | Licence photocard expiry date | | | |  |

|  |  |
| --- | --- |
| Have you been involved in any traffic incidents/accidents during the last five years? If yes, please provide details in box below. | Yes  No |
|  | |

|  |  |
| --- | --- |
| Have you ever had motor insurance refused/declined and/or special terms applied? If yes, please provide details in box below | Yes  No |
|  | |

|  |  |  |  |
| --- | --- | --- | --- |
| I agree to inform Logistics/Business Hub of:   * All motoring offences. * Any medical condition, illness or disability that may affect your ability to drive safely. * All vehicle incidents/accidents, no matter how minor. * Change of name or address.   Failure to inform Logistics/Business Hub of any of above will result in suspension from driving university insured vehicles. | | | |
| Candidate signature |  | Date |  |
| **Print** name of authoriser. ie. Head of Dept or their nominee. |  | Date |  |
| The ‘Guidance on Use of University Vehicles’ and the ‘Driving Assessment Privacy Policy’ are available at: <http://www.gla.ac.uk/myglasgow/transportservices>  By ticking this box, you confirm you have read and comply with both. | | | |
| **Please report any vehicle defects to:**  **Logistics: 0141-330-5330 ecs-logistics@glasgow.ac.uk** | | | |