

STRATHNAIRN COMMUNITY ACCESS & TRANSPORT ASSOCIATION

Insurance Declaration Form

It is a requirement of our Insurance Company that the information below is reviewed.
Insurance Cover to drive our vehicles cannot be considered if this information is not returned.

Name of Driver:		
	Yes	No
Are you within the age range of 25 – 75 years (both years are inclusive)?		
Have you had a full UK licence for a period of 2 or more years?		
Have you had any accidents/claims/losses (whether to blame or not) in connection with any motor vehicle within the last 5 years? If yes, please provide the following details:		
Date of incident:		
Name of driver involved:		
Brief details of incident:		
Own vehicle repair costs:		
Third party repair costs:		
Any Personal Injury? :		
If yes, have these been paid or still outstanding? :		
Do you have any points or driving convictions within the last 5 years? If yes, please provide the following details:		
Name of driver:		
Offence code:		
Date of offence:		
Date of conviction:		
Penalty points:		
Fine:		
Disqualification period (if any):		
Do you suffer from any notifiable conditions that have NOT been notified to the DVLA or any conditions for which the DVLA has restricted their licence?		
Signed:	Date:	

If any of your details do fall outside of the above, please do not worry, please provide the additional details stated and copies of your driving licence (both sides of your photo card) for our Insurers consideration and approval. Thank you.

Strathnairn Community Access Transport Association (SCATA)
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