



 **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. |  | Example, last 2 digits | UNIOG01012024U00GG 24 |
| Driving test pass date |  | Licence photocard expiry date |  |

|  |  |
| --- | --- |
| Have you been involved in any traffic incidents 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 immediately inform Logistics of all motoring offences, change of name or address, and all vehicle incidents/defects, however minor.Failure to inform Logistics of any licence changes and/or vehicle incidents/defects will result in suspension from driving university insured vehicles. |
| Candidate signature |  | Date |  |
| Print name of authoriser ie: Head of School or 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. |
|   University of Glasgow - Logistics: 0141-330-5330 ecs-logistics@glasgow.ac.uk |

 INS1 v2.4