



**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