




## HIRER & DRIVER DECLARATION FORM

NAME OF OPERATOR / INSURED:

**THIS FORM MUST BE COMPLETED IN FULL BY THE HIRER / DRIVER – BLANKS, TICKS AND DASHES ARE NOT ACCEPTABLE.  
FULL ANSWERS MUST BE GIVEN. A SEPARATE FORM MUST BE COMPLETED BY EACH PERSON WHO IS TO DRIVE IN ADDITION TO THE HIRER.**

1. Hirer's/Driver's Name: 

TITLE	FORENAMES	SURNAME
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2. Driver Licence Number and Country of Issue 

Driver Licence Number	COUNTRY
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3. Contact No.: 

HOME	MOBILE
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4. Date of Birth of Hirer/Driver: 

DAY	MONTH	YEAR	AGE
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5. Address of Hirer/Driver: 

Address	POSTCODE
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6. Permanent Address (if different from above);

7. Occupation of Hirer/Driver (specify type of business):

8. Employer's Name and Telephone Number:

9. Do you suffer from any physical or mental defects, impairment of sight, hearing, heart, diabetic or epileptic condition or other complaint? Answer YES or NO

If YES, have you advised the Drivers' Medical Branch (DVLA) in Swansea? Answer YES or NO

If YES, have DVLA issued you with a full licence? Answer YES or NO

10. Have you ever been convicted of a motoring offence and had your licence endorsed or suspended? Answer YES or NO

If YES, please give full details:

(Spent convictions covered by the Rehabilitation of Offenders Act 1974 may be disregarded)

11. Have you ever been declined motor insurance or had a motor policy cancelled or any special term imposed? Answer Yes or No

If YES, please give full details

12. Have you had any accidents/claims/losses (whether to blame or not) in connection with any motor vehicle during the last three years? Answer Yes or No

If YES, please give full details

13. Period of Hire: (not to exceed 90 days) From 

AM PM	DAY	MONTH	YEAR
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 To 

AM PM	DAY	MONTH	YEAR
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14. Details of vehicle: Make  Model   
Registration Mark

### IMPORTANT NOTES

- a) This insurance only covers use for private purposes and business use in connection with the occupation shown above, excluding the carriage of passengers for hire and reward.
- b) Mis-statement and withholding any material information may result in this insurance being void – leaving you without any insurance cover. Please make certain all the answers given on this form are correct before signing the declaration. If you are in any doubt about particular facts being material, you should disclose them for your own protection.

**DECLARATION:** I/We understand that you will pass the information on this form, and about any incident. I/We may give details to ABI so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, ABI may pass you information it has received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy have been involved in. I declare that to the best of my knowledge and belief all the information entered on this form (and any supplementary information which is or may be supplied for the purpose of this insurance) is true and complete and that nothing materially affecting the risk has been withheld. I declare that if any details or answers on this form have been written by another person he/she has acted as my agent. I also accept the operator's policy of insurance subject to its terms, conditions and exceptions.

Signature of Hirer/Driver

DAY	MONTH	YEAR
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**TO BE COMPLETED BY THE OPERATOR**

1. Have you checked the driving licence of the person shown overleaf? Answer YES or NO

2. Give details of the further forms of identification produced  
e.g. passport, utility service bill and/or other and show reference number.

3. Does the person shown overleaf meet the requirements set out in your insurance document? Answer YES or NO

If the answer to 3 above is **NO**, you must refer to the Underwriters for acceptance. State the reference and any terms indicated below.

Hirer/Driver accepted by:

Position:

Date:

**NOTICE**

Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. Under the conditions of your policy, you must tell us about your accident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we may pass information relating to it to the Register.

Your insurance cover details will be added to the Motor Insurance Database, run by the Motor Insurers' Information Centre (MIIC). This has been set up to help identify uninsured drivers, and may be searched by the Police to help confirm who is insured to drive. If there is an accident, the Database may be used by insurers, MIIC and the Motor Insurers' Bureau to identify relevant policy information.

You can ask us for more information about this.

You should show this notice to anyone insured to drive the vehicle covered under the policy.

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# Pontyclun Van Hire

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