

DRIVER DETAILS

NAME:	DATE OF BIRTH:
TEL NO:	LICENCE DETAILS:
	Type: Full <input type="checkbox"/> Provisional <input type="checkbox"/>
	Groups Covered:
CONVICTION DETAILS:	
PREVIOUS ACCIDENTS:	
ADDRESS:	

VEHICLE DETAILS

DATE VEHICLE PURCHASED:	MAKE/MODEL:
REGISTRATION:	MILEAGE:
COLOUR:	ENGINE SIZE/GVW:
DAMAGE TO VEHICLE:	

THIRD PARTY DETAILS

DRIVER NAME:	VEHICLE REGISTRATION:
TEL NO:	VEHICLE MAKE/MODEL:
ADDRESS:	
COMPANY NAME:	TEL NO:
ADDRESS:	
DAMAGE TO VEHICLE:	
INSURANCE DETAILS:	

WITNESSES

NAME:	TEL NO:
ADDRESS:	
NAME:	TEL NO:
ADDRESS:	

THEFT CLAIM

ALARM/IMMOBLISER FITTED:	
OTHER SECURITY:	
LOCATION OF KEYS:	
SECURITY ARMED (if not why not?)	
ENGINE NUMBER:	CHASSIS NUMBER:
TRAILER NUMBER: (if applicable)	
POLICE CRIME REFERENCE NUMBER:	

ADDITIONAL INFORMATION

ANY EMERGENCY SERVICES AT SCENE:
DETAILS OF ANY INJURIES:

DECLARATION

I/We declare that to the best of my/our knowledge, these statements are true.
DRIVER'S SIGNATURE:
DATE:
INSURED'S SIGNATURE:

Please return the completed form to:
**Insurance Team
Room 207
Sussex House**

For all queries please contact: insurance@sussex.ac.uk