

Additional Drivers Form



PLEASE USE BLOCK CAPITALS

Insured's Full Name

Policy Number

DETAILS OF ADDITIONAL PERSONS WHO WILL DRIVE YOUR VEHICLE (Drivers under 25 years of age will be excluded unless disclosed)

It is essential that all questions are fully answered (ticks or dashes are unacceptable)

	Driver 1	Driver 2	Driver 3						
a Full Name of Driver	<input type="text"/>	<input type="text"/>	<input type="text"/>						
b Sex (M/F)	<input type="text"/>	<input type="text"/>	<input type="text"/>						
c Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>						
d Age	<input type="text"/>	<input type="text"/>	<input type="text"/>						
e Precise occupations full and part time. State nature of employers business. If unemployed state nature of previous employment.	<input type="text"/>	<input type="text"/>	<input type="text"/>						
f Type of current driving licence held; full, provisional or triennial and period held. State country of issue if not U.K.	<table border="1"> <tr><td>Type</td></tr> <tr><td>Years</td></tr> </table>	Type	Years	<table border="1"> <tr><td>Type</td></tr> <tr><td>Years</td></tr> </table>	Type	Years	<table border="1"> <tr><td>Type</td></tr> <tr><td>Years</td></tr> </table>	Type	Years
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g How long resident in U.K.?	<input type="text"/>	<input type="text"/>	<input type="text"/>						
h Does this driver own or have use of any other vehicle - including any company car? If YES give details and name of insurers, branch and policy number.	<input type="text"/>	<input type="text"/>	<input type="text"/>						
i Relationship to You.	<input type="text"/>	<input type="text"/>	<input type="text"/>						
j Is this driver a Non-Smoker? YES/NO ►	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Is this driver teetotal? YES/NO ►	<input type="text"/>	<input type="text"/>	<input type="text"/>						
k If you are not the main driver, state who is.	<input type="text"/>	<input type="text"/>	<input type="text"/>						
l Has any company or underwriter at any time in respect of motor insurance declined to insure the driver, cancelled or avoided his/her policy or refused to renew? If YES give details and name of insurers, branch and policy number.	<input type="text"/>	<input type="text"/>	<input type="text"/>						

m Has the additional driver:

a had any motoring convictions in the last **5 years** or are there any prosecutions pending or police enquiries outstanding (including fixed penalty offences)?
If **YES** give dates, details of convictions, offence codes, fines, disqualification periods and points.

b had any criminal convictions (or been charged with a criminal offence but not yet tried)? If **YES** give details including penalties.

n Have there been any accidents, thefts or losses (whether covered by insurance or not and regardless of blame) during the past **3 years** in connection with any vehicle owned, insured or driven by or in the charge of the additional driver? If **YES** give dates, circumstances, costs and state whether all costs were recovered.

o Has the additional driver any medical condition? If **YES** give details including nature of complaint and years stabilised if appropriate. State whether or not reported to DVLA and if his/her driving licence is restricted as a result.

Important Note: You are reminded that it is essential you provide all material information likely to influence the acceptance and assessment of this insurance. If you have any doubts as to whether a fact is material it should be disclosed. Failure to disclose any material facts may invalidate your policy or may result in your policy not operating fully. It is an offence under the Road Traffic Acts to make any false statement or withhold any material information for the purposes of obtaining a certificate of motor insurance.

Data Protection: Insurers pass information to the Claims and Underwriting Exchange Register run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident we will pass information relating to it to the registers. Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers' Information Centre (MIIC). MID data may be used by the DVLA and the DVLNI for the purposes of Electronic Vehicle Licensing and by the Police for the purposes of establishing whether a driver's use of a vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If you are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to obtain relevant policy information.

Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. You can find out more about this from us or at www.miic.org.uk

We may also respond to enquiries by the Police concerning your policy in the normal course of their investigations. Where it is necessary to administer your policy efficiently or to protect your interests, we may disclose the data you have supplied to other third parties such as solicitors, loss adjusters or loss assessors. You should show this notice to anyone insured to drive the vehicle under your policy.

Other than as stated above, the data supplied in this form will only be used for the purposes of processing the renewal of your policy, including underwriting, administration and handling any claim which may arise. The data supplied will not be passed to any other parties other than those which we have been disclosed in this form. It is important that the data you have supplied is kept up to date. You should therefore notify us promptly of any changes so that we may update our records. You are entitled upon the payment of an administration fee to inspect the data which we are holding about you. If you wish to make such an inspection, you should telephone 0870 609 9920 and ask for a Subject Access Request Form. Alternatively you may download a Subject Access Form from our internet site at www.nig.com.

I agree that if any answer has been printed or written by any other person, he/she shall be my agent for that purpose. I also confirm that any data which I have supplied in this Form about other persons is given with their knowledge and authorisation.

DECLARATION: I declare that to the best of my knowledge and belief the information given in this Form is correct and complete in every detail. I understand that you will pass the information on this form and about any incident I may give details of to IDS Ltd, MIIC and ABI so that they can make it available to other insurers. I also understand that, if you make any searches in connection with this application or any incident of which I provide details, you may also accept and process any information from IDS Ltd, MIIC and ABI which has been received from other insurers concerning other incidents in which any person covered under the policy may have been involved.

Proposer's Signature

Date