

Please print and complete one of these forms for each driver(s) of the vehicle. Please sign the declaration at the bottom and return it, together with copies of all driving licences (DLVA website licence information and photocards for licences issued after July 1998) to Fleet Management, Fieldhead Hospital, Block 9, Ouchthorpe Lane, Wakefield WF1 3SP to enable us to determine if we are able to add you on to the Trust's insurance and if there is a need for any additional insurance excess.

Your Employer: ☒ SWYPFT ☐ Mid Yorks ☐ Spectrum ☐ WCCG

Employee Name: Robert Johnson If known what is the vehicle Reg Number: LD71 FKP

INSURANCE DECLARATION FORM

Driver Details

Title (Mr/Mrs)
Mr

First Name(s)
Robert James

Surname
Johnson

Sex
Male

Married
Yes

Date of Birth
12/04/1985

Date of Residency (in EU)
Since birth

Home Address:
42 Cherry Lane, Wakefield, West Yorkshire, WF2 7HB

Occupation (trade, profession or job title) including part time
Healthcare Administrator

Date Licence Obtained: (Shown on the back of a photocard)
23/06/2003

Type of Licence: ☒ Full with photo card ☐ Full paper licence (pre July 1998) ☐ Provisional
☐ International ☐ PSV ☐ Other:

Has this driver

YesNo

☒ ☐

(a) ever been convicted of any motoring offence (including speeding) or been warned verbally or in writing of any possible pending prosecution?

☐ ☒

(b) ever been disqualified from driving or had a driving licence suspended or revoked?

☐ ☒

(c) ever had a motor insurance policy cancelled or refused or had special terms imposed?

☐ ☒

(d) had any ACCIDENT, LOSS, FIRE or THEFT claim within the last THREE years regardless of blame?

(if you have answered YES to any of the above questions, give full details below)

Date of offence or claim	Date of conviction	Offence or claims details	Sentence, fine and disqualification period or cost of claim	Name of Insurance Provider
15/03/2023	08/05/2023	Speeding (37mph in 30mph zone)	£100 fine and 3 points	Aviva

YesNo

☐ ☒

(e) ever suffered from diabetes, epilepsy, heart disorder, defective vision / hearing loss / loss of use of any limb, or suffer from any mental/physical infirmity?

☐ ☒

(f) ever been convicted of a CRIMINAL non motoring offence?

☐ ☒

(g) lived outside of the European Union within the last FIVE years, other than for a holiday?

(if you have answered YES to any of the above questions, give full details below)

Date of onset of condition	Details of medical condition (including medication and amounts)	Has the DVLA been Notified?	Date of CRIMINAL conviction	Details of Conviction (including sentence)

I verify that all information provided is accurate and I will inform Fleet Management of any future changes to the above information provided.

Robert Johnson 28/04/2025

I declare that to the best of my knowledge and belief the above statements made by me or on my behalf are true and complete and that nothing material affecting this risk has been concealed.

Robert Johnson 28/04/2025