

MOTORCYCLE HIRE DECLARATION

| POLICY DETAILS | |
|----------------------------|--|
| POLICYHOLDER'S NAME | |
| POLICY NUMBER | |

| PERIOD OF HIRE | | |
|-----------------------|-------------|-------------|
| FROM | TIME | DATE |
| TO | TIME | DATE |

| MOTORCYCLE DETAILS | |
|----------------------------|--|
| MAKE/MODEL | |
| REGISTRATION NUMBER | |

| HIRER DETAILS | |
|---|--|
| TITLE | |
| FORENAME AND SURNAME | |
| ADDRESS IN UK | |
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| | |
| PERMANENT ADDRESS (IF TEMPORARY VISITOR) | |
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| | |
| | |
| DATE OF BIRTH | |
| OCCUPATION (FULL AND PART TIME AND NATURE OF BUSINESS) | |
| COUNTRY OF ORIGIN | |
| DATE DRIVING TEST PASSED (AND COUNTRY OF ISSUE) | |
| DRIVING LICENCE DATE OF EXPIRY | |
| DRIVING LICENCE NUMBER | |

| CONVICTIONS | |
|--|---------------|
| HAVE YOU HAD ANY MOTORING CONVICTIONS IN THE LAST 5 YEARS OR ARE THERE ANY PROSECUTIONS PENDING OR POLICE ENQUIRIES OUTSTANDING (INCLUDING FIXED PENALTY OFFENCES)? | YES/NO |
| HAVE YOU HAD ANY CRIMINAL CONVICTIONS (OR BEEN CHARGED WITH A CRIMINAL OFFENCE BUT NOT YET TRIED)? | YES/NO |
| IF YES GIVE NAMES, OFFENCES, DATES, PENALTIES AND POINTS BELOW: | |
| | |

| ACCIDENTS | | |
|--|----------------------|---------------|
| 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, DRIVEN OR IN THE CHARGE OF YOU? | | YES/NO |
| IF YES GIVE FULL DETAILS BELOW: | | |
| DATE | CIRCUMSTANCES | COSTS |
| | | |

| | |
|--|---------------|
| HAVE YOU DEFECTIVE VISION OR HEARING (NOT CORRECTED BY GLASSES OR HEARING AID), ANY PHYSICAL, MENTAL, ALCOHOLIC OR NERVOUS DISORDER, OR HEART, DIABETIC OR EPILEPTIC CONDITION OR OTHER COMPLAINT, HAD BLACKOUTS OR FITS OR REGULARLY TAKE ANY PRESCRIBED MEDICATION? | YES/NO |
| IF YES GIVE FULL DETAILS | |

| DECLARATION BY HIRER | |
|---|-------------|
| <p>I/We declare that:</p> <p>a. 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</p> <p>b. to the best of my/our knowledge and belief the information given in this form is correct and complete in every detail</p> <p>I further agree to be bound by the terms and conditions of the Insurance which I have seen and read or have had the opportunity to see and read.</p> | |
| SIGNATURE OF HIRER | DATE |

| DECLARATION BY POLICYHOLDER | |
|---|-------------|
| I hereby declare that I have drawn the Hirer's attention to the general terms and conditions of the policy | |
| SIGNATURE OF POLICYHOLDER | DATE |