

## LIFE Simbus booking request form

Name & work title of person responsible for the booking:

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Name & work title of driver if different from above:

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Workplace address .....

.....

.....

Does the driver work for the NHS? YES/NO

National insurance number .....

Does the driver hold a full UK driving licence? YES/NO

Driving licence Number .....

Postcode where licence is registered .....

.....

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Date of booking: From..... To.....

Reason for booking/Event details:-

If the vehicle is being taken for longer than a day where will the vehicle be stored when not in use?

.....

**Declaration**

I have read and understood the vehicle instructions and terms & conditions attached to this booking form and agree to abide by them. I understand that I am responsible for the vehicle and its contents while in my care and I will ensure safe storage of the vehicle whilst not in use. I understand that there is a £750 excess on the policy for which I will be liable should the vehicle be involved in an accident/incident warranting an insurance claim. Or the value of any necessary repairs in the event of damage to the vehicle amounting to less than the excess.

Signed.....

Date.....

<p>Return your completed form to: <a href="mailto:LIFE@lthtr.nhs.uk">LIFE@lthtr.nhs.uk</a></p> <p>For any queries please contact the WP team on: 01257 247531/247529</p>
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