

Annual Declaration of Driving Capability

To be completed by the Employer

Name and address:

To be completed by the Employee

Name and address:

The Motability Scheme provides affordable, worry-free motoring for disabled customers. This is only possible if the scheme is not misused and costs are minimised through customers following a few simple rules on how the car is used.

As I will be required by my employer to drive their Motability car as part of my duties and responsibilities, I understand and confirm that I will abide by the following terms:

- The car will only be used for the benefit of my employer.
- The car will be kept at my employer's address as stated above, unless my employer goes on holiday or states otherwise.
- The car will only be driven by drivers approved by my employer.
- All drivers must have a legally valid and clean driving licence for more than three months.
- I will provide my employer a photocopy of my driving licence.
- I will declare with sufficient notice and warning to my employer if I am ever unfit to drive.
- Should I be involved in a fault accident, my employer will pay the insurance excess.
- If I am involved in a subsequent fault accident within a two year period, my employer shall pay the excess and seek reimbursement from me (if necessary through an agreed payment structure or deducted from future salary at an appropriate level agreed with me).
- If I am involved in a no-fault accident, my employer will pay the insurance excess and seek to recover the cost from the party at fault.
- I am aware that excess amounts for any claim will vary depending on my age at the time I am driving as follows:
 - 16-20: £
 - 21-24: £
 - 25+: £
- I agree to cover the cost of any motoring offence incurred whilst I am responsible for driving my employer's vehicle and for my employer to immediately pass all communications in such circumstances directly to me for my attention.
- I will immediately notify my employer of any change in circumstances that may affect any of the above.

I hereby agree to this good faith agreement and shall automatically renew these terms at this same date next year if I am still employed by my employer.

To be completed by the employee

Signature:

Date: