

"USE OF PRIVATE VEHICLES ON DELIVERY
EMPLOYEES DECLARATION"



Delivering first class fleet services

I,, employed as a postman/woman on delivery work, agree voluntarily to use my private vehicle registration number on official duties strictly on the terms and conditions contained in the paragraphs below.

- (1) I will only use my private vehicle registration number to and from the delivery office to the first point of delivery and if the car needs to be moved along the delivery route, on deliveries specified by the Delivery Manager and in accordance with the instructions given by the Delivery Manager as to those deliveries.
- (2) This is a temporary arrangement and can be withdrawn at any time
- (3) I accept that I have no claim whatsoever to any amounts for the cost of maintaining such private vehicle.
- (4) I accept that I will be able to claim reasonable mileage expenses in line with the current Travel Expenses Policy
- (5) I will produce at any time on demand by Royal Mail management for inspection at my own expense:
 - Car registration
 - Certificate of insurance
 - Current MOT certificate for the vehicle
 - Current Car tax
- (6) My private vehicle will be maintained in a roadworthy condition at all times. I will undertake daily pre-use vehicle checks in line with Royal Mail policy for Royal Mail vehicles.
- (7) I have checked on the Association of British Insurers' website and confirm that my personal insurance provider is listed.
If it is not, I will call my insurer and confirm how the vehicle will be used, otherwise my policy may be invalidated.
I understand I do not need to extend cover to business use.
- (8) I confirm that I will not carry any passengers in the vehicle whilst on duty.
- (9) I understand that the Royal Mail Group will assume responsibility for Third Party loss or damage, incurred as a result of the use of my private vehicle on Royal Mail business under the terms of this agreement.

VEHICLE DETAILS (If any amendments are required please alter details on this form)

MAKE

MODEL.....

REGISTRATION NUMBER.....

INSURANCE CERTIFICATE NO.....

INSURANCE ISSUED BY.....

INSURANCE EXPIRY DATE...../...../2020

MOT CERTIFICATE NO

MOT EXPIRY DATE...../...../2020

CAR TAX EXPIRY DATE/...../2020

FULL NAME.....

SIGNATURE

OFFICE.....

DATE SIGNED.....

FULL NAME OF MANAGER.....

MANAGER SIGNATURE.....

MANAGER COMPLETED VEHICLE CONDITION REPORT ... YES/NO

You must review the vehicle on their first day of use, record all existing damage using the 'Vehicle Condition Report' and take photos or use video to capture the details wherever possible.

DATE SIGNED.....

VEHICLE CONDITION REPORT TO IDENTIFY EXISTING DAMAGE

Damage Key: D – dent, S – scrape, C – chip, H – hole

