

ACCIDENT STATEMENT FORM

Please print off this document which is to be completed and signed by an official / steward of the meeting.

Note : The intention of this form is to create an independent statement confirming the date and time of the accident to assist the team / driver process their On Track claim. Information below the dotted line is to be completed by an Official/Steward present at the event.

Details of accident:

Date:

Approximate time:

Circuit / Rally:

Corner / Stage Number:

Race / Rally:

Name of organising club:

Event:

The Car / Driver:

Vehicle:

Race number on vehicle:

Driver's name:

Officials Details:

Name of steward / official:

Position:

Cause of the accident:
(If known)

Signature:

Date:

Once completed please email the document or fax to Motorsport Insurance Services on **+44 (0)1943 877400** or post to: Motorsport Insurance Services, 43 - 45 Oxford Road, Guiseley, Leeds, LS20 8AB.

This will form part of the necessary paperwork to complete your claim. If in doubt as to the correct procedure please refer to our **Claims Procedure**.