

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 MIS on **+44 (0)113 205 1630** or post to:
Lockton MIS Motorsport, 10 South Parade, Leeds, LS1 5QS.

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.