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ACCIDENT STATEMENT FORM

All incidents must be notified in writing within 48 hours.

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 know):	
Signature:	
Date:	

Once completed please email the document or fax to Autosportinsurance.com

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.

Our terms and conditions apply to all our services. These are filed with the Trade Register of the Chamber of Commerce under number 51687402. You can also visit our website www.autosportinsurance.com.