



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:	<input type="text"/>
Approximate time:	<input type="text"/>
Circuit / Rally:	<input type="text"/>
Corner / Stage Number:	<input type="text"/>

RACE / RALLY

Name of organising club:	<input type="text"/>
Event:	<input type="text"/>

THE CAR / DRIVER

Vehicle:	<input type="text"/>
Race number on vehicle:	<input type="text"/>
Driver's name:	<input type="text"/>

OFFICIALS DETAILS

Name of steward/official:	<input type="text"/>
Position:	<input type="text"/>
Cause of the accident: (If known)	<input type="text"/>
Signature:	<input type="text"/>
Date:	<input type="text"/>

Once completed please email the document or fax to MIS on **+44 (0)1943 884 555** or post to:
MIS Motorsport, 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.