

On Track Insurance – Accident Statement

Part 1 and 2 to be completed by the policyholder. Part 3 to be completed by race / circuit official

PART 1 – Team / Driver Statement

Contact details

Name team: _____	Repairer: _____
Contact person: _____	Email: _____
Tel: _____	Fax: _____

Car details

Car type: _____	Name driver: _____
Chassis number: _____	Start number: _____

Accident details

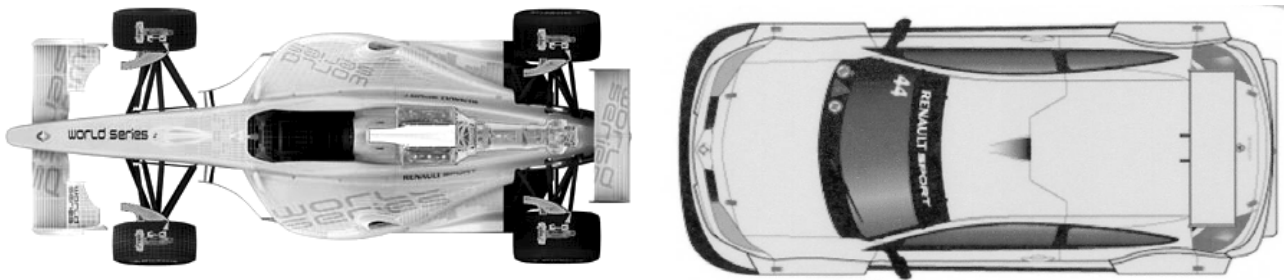
Date/time accident: _____	During: test / practice / qualifying / race
Race track: _____	Place/corner: _____

Weather conditions: dry / wet / greasy / dusty / icy

PART 2 – Details of accident

Date: _____ Name: _____ Signature: _____

Mark clearly all areas damaged in the accident:



PART 3 – To be completed by Race Officials

Note : Completion of this form creates an independent statement confirming the date and time of the accident.

Race Series/Event: _____

Race Organisation: _____

Name Official/Steward: _____

Signature: _____

Race Organisation Stamp

WHAT TO DO NEXT:

You must formally notify your claim to us by phoning us on **020 7638 0790** or emailing us at info@everittboles.com. This must be done within 48 hours of the accident. Late notification could prejudice your position with insurers. Please return this form to us at: Everitt Boles Ltd, 15 St Helen's Place, London EC3A 6DE, along with the photographs, an itemised parts list and invoices substantiating your claim. Please refer to the Claims Procedure within your policy wording. This is also displayed on our website.