

PERSONAL INJURY ACCIDENT REPORT FORM



Personal Details:			
Name of Insured Person:			
Address:			
Contact Number:		Date of Birth:	
MORIS Booking Ref:		Marital Status:	

Incident Details:			
Accident Date:		Circuit / Location:	
Championship / Series:		Weather Conditions:	
Details of the accident:			
Details of injuries:			
Where any other competitors involved in this accident?:			

Treatment Details			
Name of Doctor		Tel:	
Address:			
Name of hospital:		Tel:	
Address:			
Were you confined to a hospital?		Date Admitted:	Date Discharged:

Employment Details			
Are you in full time employment?:		Occupation:	
If self employed please list nature of work:			
Name of employer:		Tel:	
Address:			
On what date did you or do you expect to resume work?			
Regular weekly income:		Income lost per week due to injury:	

Details of any other insurance: Please list all other policies carried by you, your employer, spouse or parent under which you are covered.			
Name of Insurance Co.		Tel	
Address:		Policy No:	
Name of Insurance Co.		Tel	
Address:		Policy No:	

Declaration: I / we declare that the above statements and particulars are true and complete to the best of my/our knowledge and belief and that no material facts have been withheld, misrepresented or misstated.

Name: _____

Date: _____

Please post or fax this form back to MORIS

**MORIS, 288 Bishopsgate, London EC2M 4QP
Tel: 020 3427 5960 Fax: 020 3427 5961**

Motorsport RaceandRally Insurance Services (MORIS) is a trading Name of Everitt Boles Ltd. Motorsport Insurance Management.