



### **Trackday – Accident Report Form**

**To be completed and signed by an official/organiser of the Trackday.**

Note: The intention of this form is to create an independent statement confirming the date and time of the accident to assist in the process of a Trackday insurance claim.

#### **Details of Accident**

Date: \_\_\_\_\_ Approx Time: \_\_\_\_\_

Circuit: \_\_\_\_\_

Corner: \_\_\_\_\_

#### **The Trackday**

Name of Organising Club: \_\_\_\_\_

Event: \_\_\_\_\_

#### **The Car / Driver**

Vehicle: \_\_\_\_\_

Registration: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

#### **Official Details**

Name of Official: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Once completed please fax this form to **020 7638 5075** or post to: **Everitt Boles Ltd, 15 St Helen's Place, London EC3A 6DE.**

This will form part of the necessary paperwork to process your claim. If in doubt as to the correct procedure please refer to our **Trackday Claims Procedure**, which can be located on the website.