



Bike 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 Bike / Rider

Vehicle: _____

Registration: _____

Rider'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.