MIS MOTORSPORT

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:

Approximate time:

Circuit / Rally:

Corner / Stage Number:

RACE / RALLY

Name of organising club:

Event:

THE CAR / DRIVER

Vehicle:

Race number on vehicle:

Driver's name:

OFFICIALS DETAILS

Name of steward /official:

Position:

Cause of the accident:
(If known)

Signature:

Date:

Once completed please email the document or fax to MIS on **+44 (0)1943 877400** or post to: **MIS Motorsport Ltd, 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.