

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 : _____ E-mail : _____

Telephone number : _____ Fax number : _____

Car details :

Car type : _____ Name driver : _____

Chassis number : _____ Start number : _____

Accident details :

Date / time accident: _____ During : test / practice / qualifying / race

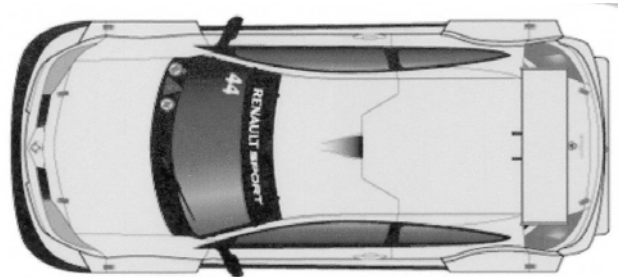
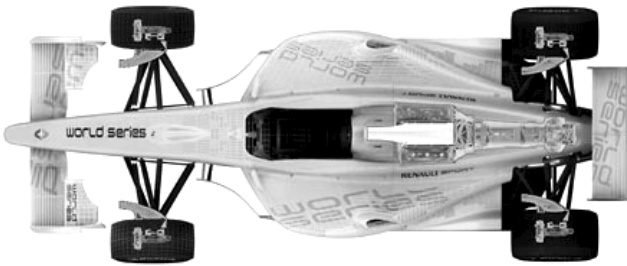
Race track : _____ Place / corner : _____

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 via our website www.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 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.