

ACCIDENT STATEMENT FORM

Please print off this document which is to be completed and signed by an official or steward at the event.

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 claim. Information below the dotted line is to be completed by an Official/Steward present at the event.

Details of accident:

Date:

Approximate time:

Venue:

Corner / Location:

Race:

Name of organising club:

Event:

The Car / Driver:

Vehicle:

Number on vehicle:

Driver's name:

Officials Details:

Name of steward / official:

Position:

Cause of the accident:

Signature:

Date:

Once completed please email the document to Ryan.Mone@o2-AgencySolutions.eu

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**.