



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 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:	
Corner:	
Race:	
Name of organising club:	
Event:	
<u>The Car / Driver:</u>	
Vehicle:	
Race number on vehicle:	
Driver s name:	
Officials Details:	
Name of steward / official:	
Position:	·
Cause of the accident:	
	LI
Signature:	
Date:	
Once completed please claims@ryanmi.com or po	email the document to Ryan Motorsport Insurance st to:

Ryan Motorsport Insurance, 9 St. Clare Street, London, EC3N 1LQ.

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**.