

ON TRACK ACCIDENT DAMAGE INSURANCE CLAIM FORM

ABOUT YOU

Team Name:	
Driver's Name:	
Telephone/Mobile:	
Email:	
Policy No. (if known):	

CLAIM DETAILS

Category / Event Name:	
Date and Time of Accident:	
Circuit:	
Name or Corner number:	
Did the driver receive medical attention:	YES / NO
Was the accident during:	TESTING / QUALIFYING / WARM UP / RACE
Weather conditions/Track surface:	WET / DRY / GREASY / ICE / SNOW

ESTIMATE

Parts:	\$
Labour:	\$
Freight / Shipping:	\$
Other:	\$
Total:	\$

VEHICLE DETAILS

Year Make and Model:	
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DESCRIPTION OF THE ACCIDENT

DESCRIPTION OF DAMAGE

INDEPENDENT ACCIDENT STATEMENT

To be completed and signed by an official or steward at the event as an independent statement confirming the date and time of the accident to assist the team / driver process their On Track insurance claim.		
Name of steward / official:		
Position / Title:		
Signature:		Date:

CHECK LIST

- Notification to Affinity Motorsport Insurance within 48 hours of the accident occurring by email to claims@affinityib.com.au or telephone to +61 (0)3 857 7704.
- Photographic evidence showing the whole car immediately after the accident in its complete damaged state PRIOR to any dismantling. An overview of the damage must be shown, as well as separate photographs clearly showing the specific damaged components and individual broken and damaged parts during repairs.
- Accident statement.
- Please check all questions on the claim form and the accident statement are completed and it is signed and dated by the policy holder and the driver.
- Spreadsheet providing a detailed repair estimate including Itemised parts list with part numbers and a breakdown of labour hours forming the total amount being claimed.
- Supplier and manufacturer invoices supporting the total amount being claimed including all parts and labour charges and any third party specialist or sub contractor work E.g. engine and gearbox specialists, panel beaters, sign writers etc.

DECLARATION

I/We certify that the information given in this form is truthful, accurate and complete. No Information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is incomplete, untrue, inaccurate or concealed		
Signature of Driver:		Date:
Signature of Insured:		Date:

Please email return completed, signed and dated claim form to jsanders@affinityib.com.au or post to Affinity Motorsport Insurance, PO Box 601, Moorabbin, VIC 3189

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 document and the Claims Conditions in the policy wording.