

Motor Sports – Claims and Serious Incident Procedure

It is essential that all claims and serious incidents be reported whether this is directly by the insured, or via the broker. This enables a proactive approach to managing any claims, which is of great benefit to the motor sports fraternity.

SERIOUS INCIDENTS

In the case of serious incidents, these need to be reported immediately on the numbers below:

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A serious incident is considered to be one involving:

- **Fatal or life-threatening injuries**
- **Head injuries, spinal injuries, amputation, or multiple fractures**
- **Severe burns/scarring**
- **Loss of sight or hearing**
- **Incident involving a spectator or member of staff leading to injury**

The incident should be reported to NORA Motorsport immediately by the organising club, permit issuing authority or track owner. If the insured required further initial specialist advice, or there is a risk of police or HSE involvement or prosecution, Attis Insurance will arrange for a nominated solicitor to provide advice.

NON-URGENT INCIDENTS

All other incidents that do not require immediate action should be reported to NORA 92 Ltd at the earliest convenient time on the Medical Incident Report Form 02.10.

INVESTIGATION GUIDELINES

By conducting an early investigation of an incident, the necessary information and documentation can be gathered as quickly as possible. This is of enormous benefit to insurers and motor sports in general, through having all the evidence in hand to effectively deal with claims or threatened prosecution. To give effect to the above, it is essential that the information as detailed upon the attached checklist is collated by one of the following: The Clerk of the Course, Event Organiser, Safety Officer, or Event Secretary.

Motor Sports – Claims and Serious Incident Procedure

The following information should be provided by one of the following: The Clerk of the Course, Event Organiser, Safety Officer, or Event Secretary. It is important that any information provided is based upon matters of fact and not matters of opinion.

Information Required	Obtained	Comments
Obtain independent witness names, addresses and telephone numbers.		
Identity of injured party.		
Type and make of vehicle involved		
Seek and obtain video and photographic evidence from any source (e.g. CCTV, media, crowd coverage)		
Take immediate photographs of the following: NB. Please date and sign the reverse of photograph.		
Vehicles involved in incident		
Incident scene and location		
Safety Precautions in Place		
Provide the following documents:		
Clerk of the Course Check List.		
Marshal/observer report (together with their name, address, and phone number)		
Any other witness reports		
Medical log/report		
Signing on sheet		
Entry form		
Parental indemnity form		
Provide the following (where available):		
Event regulations		
Event final and supplementary instructions		
Event programme		
Track plan		
Course Certificate		
Copy of permit		
Briefing summary document		
RIDDOR report form (F2508), if applicable		

Motor Sport Insurance Report Form

Please also refer to the 'Motor Sports – Claims and Serious Incidents Procedure'.

Event Permit Number	
Name of Person Completing Form	
Contacting Telephone Number(s)	

CLUB / ORGANISER DETAILS

Name of Club / Organisation	
Address	

DETAILS OF INJURED PERSON

Name		Date of Birth	
Address			
Postcode		Contact No.	

Was the injured person a:

Competitor		Marshal / Official	
Spectator		Other (Detail)	

If the claim is against property – What was damaged?	
Please provide details of vehicles involved	

ACCIDENT DETAILS

Date of Accident		Time	
Location of Accident			

Describe what happened. Use additional space on the reverse of form if necessary. Please also ensure that the information described within the 'Motor Sports Incident Investigation – Information Checklist' has been obtained.

CLAIMS & SERIOUS INCIDENT REPORT FORM

02.11



EVENTS LEADING TO THE ACCIDENT

What activity was taking place immediately prior to the accident?	
At what stage did the accident occur during the activity?	
Please describe the weather conditions	
Please describe the circuit conditions	

FOLLOWING THE ACCIDENT

Describe apparent injuries	
What treatment was provided?	

Was an ambulance used?	☐ YES	☐ NO
Was medical treatment refused?	☐ YES	☐ NO
Did the person continue what they were doing?	☐ YES	☐ NO

Please provide relevant details	
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Has a RIDDOR report been sent to the authorities?	☐ YES	☐ NO
If no, why not?		

WITNESS DETAILS

Name	Occupation	Address	Contact Number
			H:
			M:
			H:
			M:
			H:
			M:

Signed		Position	
Print Name		Date	

