

Witness Statement Form Sample for Insurance Claim

Use this **witness statement form sample** to provide accurate and detailed information for your insurance claim. It helps record essential facts and observations from an impartial witness. Completing this form ensures a smoother and more efficient claims process.

1. Witness Information

Full Name:

Contact Number:

Address:

Email Address:

2. Incident Details

Date of Incident:

Time of Incident:

Location of Incident:

3. Witness Statement

Please describe in detail what you observed. Include information such as events leading up to the incident, the incident itself, and any actions taken afterwards:

4. Additional Comments

If you have any other relevant information or comments, please provide them here:

5. Declaration

I declare that the information I have provided above is true and accurate to the best of my knowledge and belief.

Date:

Signature (type full name):

Submit Statement