

Witness Statement

Date: [Insert Date]

Claim Number: [Insert Claim Number]

To Whom It May Concern,

I, [Witness Name], residing at [Witness Address], hereby declare that I am a witness to the incident that occurred on [Date of Incident] at [Location of Incident].

On the aforementioned date, I observed the following:

[Describe the incident in detail, including what you saw, the parties involved, and any other relevant information.]

My contact information is as follows:

Phone Number: [Insert Phone Number]

Email Address: [Insert Email Address]

Please do not hesitate to reach out if you require any further information regarding this matter.

Sincerely,

[Signature]

[Printed Name]

[Date]