

Verlingue Witness Questionnaire

Name of injured party:	
Your full name:	
Your date of birth:	
Your home address:	
Your daytime telephone number:	
Your home telephone number:	
Your occupation:	
Date, time and place of accident:	
Where were you positioned in relation to the injured party?	
Who else was in the area at the time? Please give names and addresses:	
To whom was the accident reported?	
Description of accident as witnessed by you: (Please provide a sketch/plan if it would help you to describe what you saw)	

Verlingue Witness Questionnaire

Other information which you think might be relevant:

Declaration

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief.

I/we agree to provide insurers with any further information as they may reasonably request.

I/we understand that Verlingue Limited do not admit liability by the issue of this claim.

Name:

Position:

Signature:

Date: