



WITNESS REPORT FORM

INSURED

Full Name:	MWRC Rentals T/As Alco Van Hire
Address:	PO BOX 370, Southampton, SO30 2LT
Broker:	Corporate Insurance Partners

ACCIDENT

Location:

Date: Time:

Did you actually see the occurrence? Yes/No

Do you know any of the parties involved? Yes/No

If 'Yes' who?

What was the condition of the road?

Please give approximate speeds of the vehicles involved: Our Client:

Other Party (1): Other Party (2):

Please describe the weather conditions:

Please describe how the accident occurred:

Who, in your opinion, was to blame and why?

Was liability admitted by any parties? Yes/No

If 'Yes' what was said?

What road signs, if any, were there?

Please sketch a plan of the scene showing road signs & markings etc where possible:

Before

After

YOUR DETAILS

Name

Address

Occupation

I CONFIRM THAT THE FORGOING PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND UNDERSTANDING.

Date:

Signature of Witness: