
Motor Accident Witness Report

Claim Number:		Insured:	
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1. Name, address and contact numbers of witness:

(h)

(w)

(Cell)

2. Where did the collision occur?

3. Did you see the collision clearly?

4. Where were you situated in relation to the collision?

5. Please describe the following:

a. Weather Conditions: _____

b. Visibility: _____

c. Road Surface: _____

6. Please describe how the collision occurred:

7. Please draw a rough sketch depicting the collision and your position:



8. Please provide names, addresses and contact numbers of other witnesses:

Authorised Signature