

Franco Bottari & Associates cc

Specialist Short Term Insurance Brokers

INDEPENDENT WITNESS STATEMENT

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	FULL NAME			
WITNESS	ADDRESS			
	DAY TEL. NUMBER		IDENTITY NO.	
	EMAIL ADDRESS		FAX NUMBER	
	DATE OF ACCIDENT		TIME OF ACCIDENT	
WHERE DID THE ACCIDENT OCCUR?				
			-	
	WHERE WERE YOU AT THE T	IME OF ACCIDENT?		
DETAILS OF ACCIDENT				
	PLEASE GIVE YOUR STATEM	ENT OF WHAT HAPPENED		
	WHO DO YOU THINK WAS RESPONSIBLE FOR THE ACCIDENT?			
	WERE ANY WARNING SIGNS GIVEN (HOOTER) etc.?			
SIGNATURE				
	SIGNATURE		DATE	
	GONATORE		DATE	
SIGN	Please return to fax: (031) 764 0590			