

**WITNESS FORM**

**CLAIM NUMBER:** .....

**INSURED:** .....

- 1. The date and time of accident .....
- 2. The place .....
- 3. Where and how far away were you when the accident occurred? .....
- 4. Did you have a clear view? .....
- 5. The weather conditions: .....
- 6. The condition of the road .....
- 7. The density of the traffic .....
- 8. How familiar are you with the scene of the accident? .....

9. The vehicles:

	<b>Make &amp; Type</b>	<b>Colour</b>	<b>Reg. No.</b>	<b>Other details</b>	<b>Speed</b>
1.					
2.					
3.					
4.					
5.					

- 10. Estimated distance between the vehicles/pedestrian when you first saw them .....
- 11. In what direction were they travelling? .....
- 12. Which, if any, car hooted? .....
- 13. Describe what happened .....
- 14. Who was to blame? .....
- 15. What are your reasons? .....

16. How could the accident have been avoided? .....
- .....
17. If after dark, were the lights of the vehicles in order? .....
18. Do you know of any other witnesses? .....
19. If so, do you know where they can be contacted? .....
- .....
- .....
20. Did the drivers give any explanation in your presence? .....
- .....
21. As far as you are aware, were all concerned sober? .....
22. What damage was done? .....
- .....
- .....
23. Did the police come? .....
24. If so, did they to your knowledge take:
- a) statements .....
  - b) measurements .....
  - c) photographs .....
25. Was anyone injured? .....
26. Was an ambulance called? .....

**Please place your sketch here**

**Date:** .....

**Signature:** .....