

HADES CLAIMS

The Complete Claims Solution

Ref :

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Regulated by the Ministry of Justice, Authorization Number CRM1860

Witness Statement to "THE COURT"

Please answer the following questions as accurately as possible using a black pen and using block capital letters

Your Name	
Address	
Post Code	
Telephone/Mobile (Day)	
Telephone (Evening)	

How long have you lived at this address?	
Date of Birth	
Your Occupation	
Date of Accident	
Where did the accident happen	
Did you see the accident	

Were you involved in the accident	
Yes/No (if yes from where)	

Do you know any of the parties involved	
Yes/No (if yes, whom)	

Was any warning given, if so by whom	
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Were all parties concerned Sober	
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State which vehicle if any was not on the correct side of the road	
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What damage was done to both vehicles	
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Was there any other witnesses, if so Please provide details here	
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Please provide if known the colour and Type of the vehicle you feel responsible.	
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In your opinion who was to blame

Why

Please provide a sketch of the accident
Circumstances (please include all road
Markings and signs etc)

Please use this space to make any additional comments you feel relevant, such as conversations
you heard at the scene, any persons admitting responsibility verbally etc

I believe that the facts I have stated are true and that the opinions I have expressed are correct. I
understand my duty to the court and I have complied with that duty.

Signed

PRINT NAME :

DATE :