# Claimant/Witness Statement

## Date of Report Property

(Do not abbreviate)

Date of Incident Time AM/PM

Weather Condition

Name of Injured Party

## Resident Homeowner Occupant Guest unknown

Injured Party Address

Street City State Zipcode

Occupant/Resident Name(s)

Occupant/Resident Address

Street City State Zipcode

## Occupant/Resident Phone Number (h) (w)

Location where incident occurred

Name of any Witness

Witness Address

Street City State Zipcode

Witness Phone Numbers (h) (w )

Description of what happened (Detail who, what, when, how.)

Do you feel negligence was involved? If so, why?

Attending Physician, address and phone number

## Doctors statements or estimates (circle one) attached will follow

Signature Date

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### **Corporate Use Only**

Date received: Copy/Faxed Original

Insurance Agent: Notified ON:

Record Only Insurance Claim R. Adm Pres EVP. RM

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