

## Witness Statement

PO Box 3003  
 2280 MG Rijswijk  
 Handelskade 49  
 Tel: +31 70 340 82 00  
 www.wbf.nl

File # Dutch Guarantee Fund:

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**Important: read this first!**

This statement should be filled in completely and **written and signed by you personally**. You are familiar with the fact that your data may be registered in the data base of the Dutch Motor Traffic Guarantee Fund. This database is registered with the College Bescherming Persoonsgegevens (Board for the protection of private data). In case your claim leads to a civil procedure, you should be willing to confirm this statement under oath. Filing wrong information willfully is a criminal offence and may lead to filing a report with the police and passing your data to the Central Information System Damages Foundation (CIS).

Surname: ..... First names: ..... M  F

Date of birth: .....

Street: ..... Number: .....

Postal code: ..... City: .....

Profession: ..... E-mail address: .....

Telephone number (day): ..... Telephone number (night): .....

**1. Where did the collision exactly take place?**

City: ..... Street: .....

Date: ..... Time: .....

Plate number of damaged vehicle (IF APPL): .....

**2. What is your relationship to the person who suffered the damage(s)?**

**3. Did you witness the actual collision?** If yes: what exactly did you see? If no: go to questions 4 and 5

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Where were you at the moment of the collision?

In case you know brand, type, colour and/or plate number of the damage causing vehicle, please provide below:.

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4. If you did not witness the actual collision yourself, how were you informed of the event having taken place?

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5. In case you are a witness to a parking damage it is very important that you inform us as extensively as possible about what you have ascertained, the nature of the damage and the exact location and time of the event. It is imperative that you provide a detailed description of the situation before and after the collision took place.

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6. Would you please be so kind as to draw a site sketch?

7. Did you see anything on the road surface, or do you have any other remarks which can be of value for handling of this claim?

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We may contact you for further information with regard to this statement. In general we will contact you by phone or e-mail. In certain cases, however, we prefer a personal conversation. We may ask you for some proof of identity.

Date	Location	Signature
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