



Witness Statement

File # Dutch Guarantee Fund:

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 will be registered in the data base of the Dutch Motor Traffic Guarantee Fund. Your personal information will be processed in accordance with the General Data Protection Regulation (GDPR). More information (in Dutch) is available in our [privacystatement](https://waarborgfonds.vereeende.nl/privacy-statement) at <https://waarborgfonds.vereeende.nl/privacy-statement>.

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?

☐ No (go to questions 4 and 5) ☐ Yes

If yes: what exactly did you see?

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:

4 / If you did not witness the actual collision yourself

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

5 / Parking damage

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.

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

7 / Additional information

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?

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 to identify yourself by sending us a copy / scan / photograph of your identification. After inspection the received file will be immediately destroyed.

Name

Location and date

Signature



Stichting Waarborgfonds Motorverkeer

Handelskade 49
PO Box 3003, 2280 MG Rijswijk

+31 (0)70 - 340 82 00
info@waarborgfonds.nl
waarborgfonds.verende.nl

IBAN NL92ABNA0481696636
BIC ABNANL2A KvK 41155523
BTW/VAT NL.0091.58.315.B01