

*Risk Management to fill out:*

Claim Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claimant Last Name: \_\_\_\_\_\_\_\_\_\_\_\_

PURMIT Supplemental Witness Statement

Claimant Name: (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MI) \_\_\_\_

Location of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Incident: \_\_\_\_\_\_\_\_\_\_\_

Name of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Statement: \_\_\_\_\_\_\_\_\_\_\_

Witness Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Witness Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description by Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

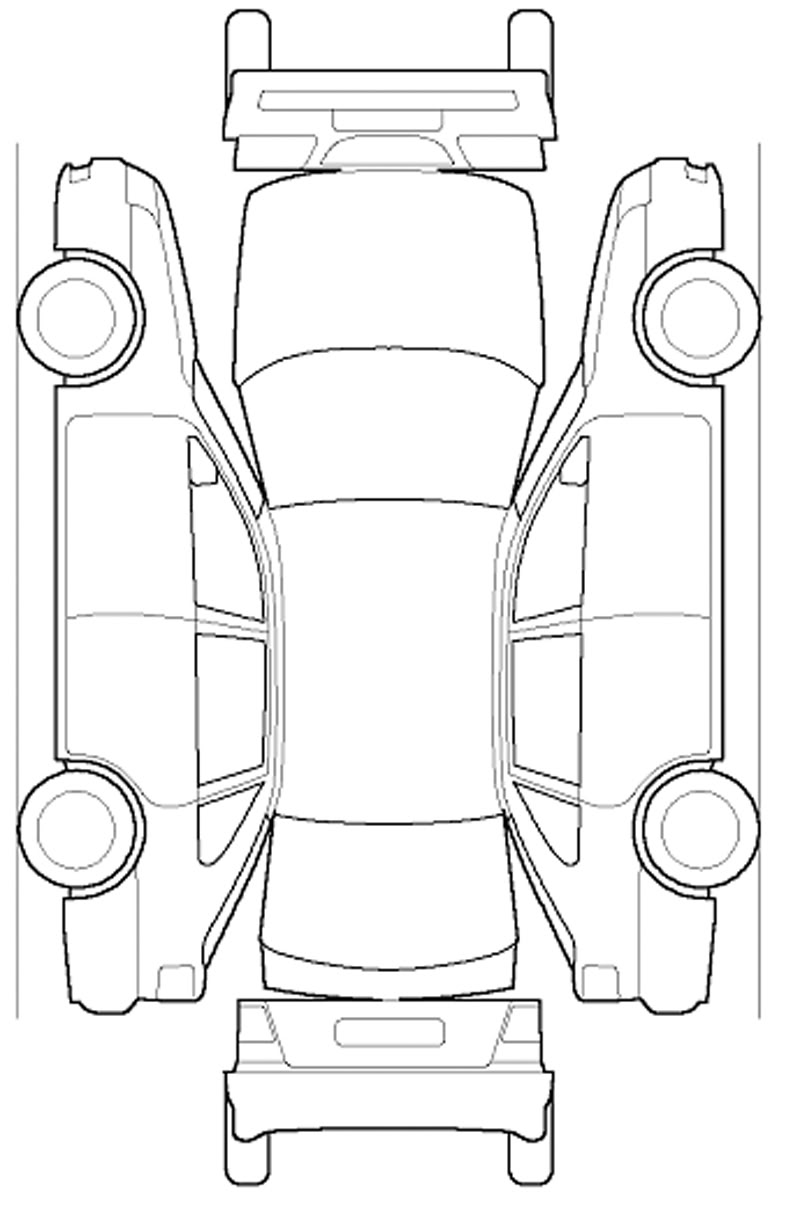
Statement Taken By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Risk Management to fill out:*

Claim Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claimant Last Name: \_\_\_\_\_\_\_\_\_\_\_\_

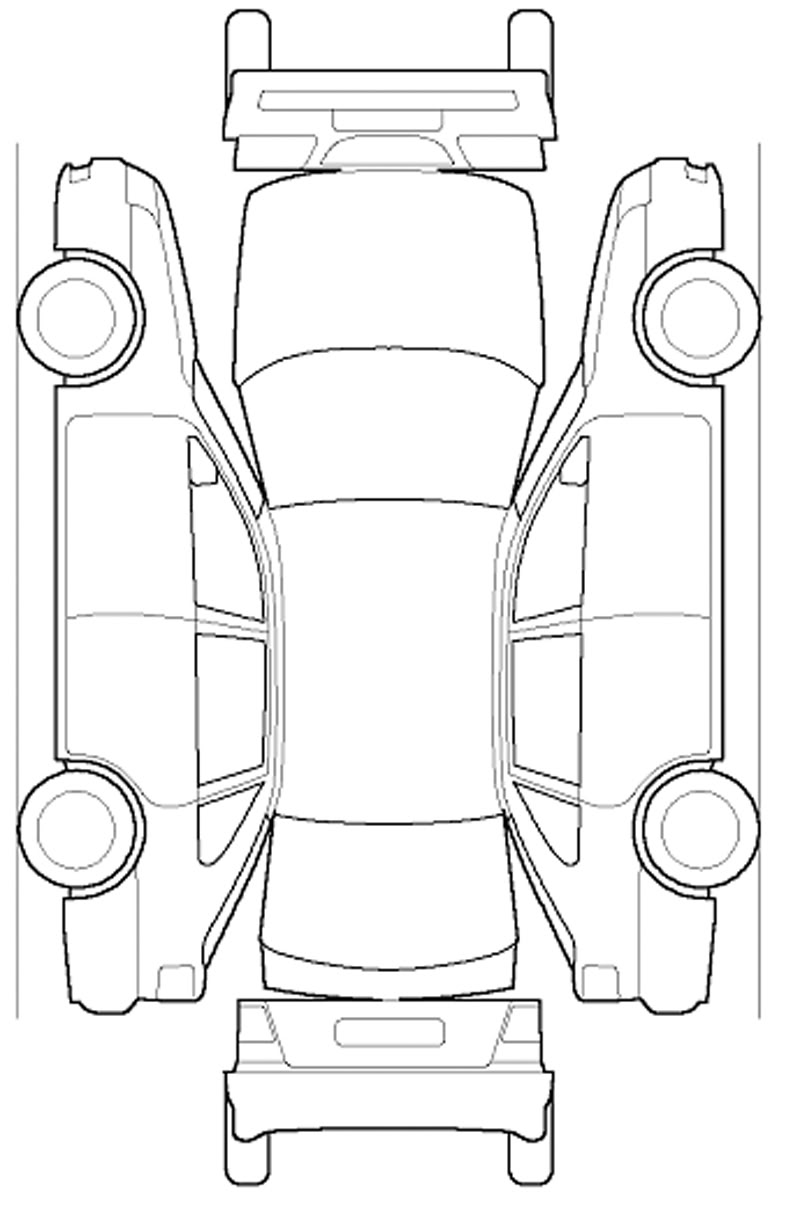
PURMIT Supplemental Vehicle Damage Diagram



Please mark the damaged areas on the corresponding cars below:

*Rear*

*Front*



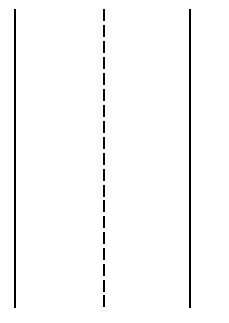
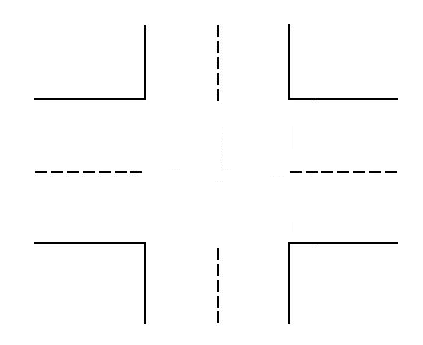
Vehicle 1

*Front*

*Rear*

Vehicle 2

Please add any scene details below





*Risk Management to fill out:*

Claim Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Claimant Last Name: \_\_\_\_\_\_\_\_\_\_\_\_