



## Liability Witness Statement

This document may be completed by the defendant or witnesses

Your name:

Date of Birth:

/ /

Holiday Address:

Home Address:

Resort (If applicable):

Period of Travel:

Insurance Certificate Number:



Snow Conditions (If applicable):

Description of Incident:

Continue on separate sheet if necessary

Were any photographs or videos taken at the scene

Yes/No

If Yes, please state who has them?

Nature of Injury to third party

Name and address of any witnesses

Signed.....

Print Name.....

Date.....

Please attach a copy of the piste map, if applicable showing the place of incident together with statements from any witness.

Please forward to MPI Claims at [claims@mpibrokers.com](mailto:claims@mpibrokers.com) immediately.