

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:	

Date of Incident: / /	
Date Notified MPI Claims: / /	
Are you:	
The defendant (person who may have caused the i	ncident) Yes/No
A witness	Yes/No
If you are the defendant:	
Nature of your trip e.g. Holiday or working	
If working, please show the name and address of your state of the stat	our employer
Were you working at the time of the incident or off	duty?
Name of Tour Operator or trip provider	
Weather Conditions:	

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 immediately.