



SOCIAL SECURITY
(Chapter 34 Laws of Belize)

WITNESS REPORT

Our Ref:

Date:

SOCIAL SECURITY NUMBER

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Dear Sir/Madam:

Mr/Mrs/Miss of

.....
(Address)

has claimed that he/she had an accident which occurred on.....

.....I understand you may be

able to help in establishing the facts.

Will you please answer the questions below and return this letter to me as soon as possible. Please give as fully as you can, any information about the accident which you think may help.

The information you give will normally be used only by us, but sometimes details may have to be disclosed to the claimant.

Yours faithfully,
SOCIAL SECURITY.

Inspector
FOR MANAGER

TO:

.....

.....

.....

REPLY

1. Did you actually see the accident happen? YES NO

2. Please describe exactly what you saw or say what other knowledge you have of the accident.

3. If you did not actually see the accident happen, did the claimant mention it to you?

YES NO If so, when?

SIGNATURE: _____

DATE: _____