

# WITNESS STATEMENT



Statement made on behalf of the defendant by	Date

Claimant	and	Defendant

Statement of	
I:	
Of:	
Date of birth:	
Will say:	
[please continue on separate page if required]	

**I believe that the facts stated in this witness statement are true and correct.**

Signed:	Dated:

PLEASE COMPLETE AND RETURN TO:	claims@corin.com
or by post to:	Corin Underwriting Ltd 148 Leadenhall Street London EC3V 4QT

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