

Accident/Incident Witness Statement



This form should be completed by any person who has witnessed an accident or incident involving Girlguiding members. This information will aid in the investigation of the incident and therefore should be completed as soon as possible after the event. Please submit this form, together with all relevant Notification of Accident/Incident forms, to **Insurance Department, Girlguiding, 17-19 Buckingham Palace Road, London SW1W 0PT.**

Name of witness: _____

Membership number (if applicable): _____ DOB: _____

Address: _____

Name of unit and/or event: _____

County: _____

Country/Region: _____

Time of accident/incident: _____ Date of accident/incident: _____

Date form completed: _____

(Please provide statement overleaf)

Statement

Please include full details of the accident/incident, including photos, film and the names of those involved and any other details you think may be relevant or useful to any investigation.

Signed _____

We collect your personal information to provide incident related support, process insurance claims and other legal purposes.

We may share your data with:

- Insurance companies
- Legal representatives

We process the data you provide under our legitimate interests of managing insurance on behalf of our membership.

For further information on how and why Girlguiding use your personal data, including how long we keep it, your rights, and how you can contact us, please read our full privacy notice at: [girlguiding.org.uk/privacy-policy/](https://www.girlguiding.org.uk/privacy-policy/)

December 2019