

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:	
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PLEASE COMPLETE AND RETURN TO:	claims@corin.com
or by post to:	Corin Underwriting Ltd 70 Gracechurch Street London EC3V 0HR

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