[Your Name/Company Name]
[Your Address]
[City, State, Zip Code]
[Phone Number]
[Email Address]

[Date]

[Witness Name]
[Witness Address]
[City, State, Zip Code]

RE: Notice of Insurance Investigation and Request for Witness Statement

Claim Number: [Claim Number]
Date of Incident: [Date]
Location of Incident: [Location]

Dear [Witness Name],

We are currently conducting a formal investigation into an insurance claim regarding the incident referenced above. Our records indicate that you were a witness to this event.

We kindly request your assistance in providing a factual account of what you observed. Your testimony is essential for ensuring a fair and accurate evaluation of the circumstances surrounding this claim.

Please find the enclosed Witness Statement Form. We ask that you complete the form, detailing the events as you remember them, and return it to our office by [Deadline Date]. If you prefer to provide a recorded statement over the phone, please contact us at [Phone Number] to schedule a convenient time.

If you have any photographs, videos, or written notes related to the incident, please include copies with your statement.

Thank you for your cooperation and your time regarding this matter.

Sincerely,

[Your Signature]

[Your Printed Name]
[Your Job Title/Role]