

# Consent to Share Witness Statements with Insurance Providers

I,  
[Name of Witness]

, hereby give my voluntary consent to allow the sharing of my witness statement(s) pertaining to the incident that occurred on  
[Date of Incident]

at  
[Location of Incident]

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I understand that my statement(s) may be shared with relevant insurance providers and their agents for the purposes of processing insurance claims, fulfilling legal obligations, or carrying out related investigations.

I acknowledge that my statement(s) may include personal information, and I consent to the use and disclosure of this information solely for reasons directly related to the insurance claim and in accordance with applicable privacy laws and regulations.

I understand that I have the right to revoke this consent at any time by providing written notice to the requesting party, except to the extent that action has already been taken in reliance on this consent.

## Witness Information

Name:  
[Name of Witness]

Address:  
[Address]

Phone Number:  
[Phone Number]

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Signature of Witness

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Date