

CLAIM NUMBER

POLICY NUMBER

This form should be completed and returned to Insurance Australia Limited trading as WFI (WFI) within 5 business days via email workerscompclaims@iag.com.au.

Please print in block letters and answer all questions where applicable (provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet.

1 Statement

IN SUPPORT OF CLAIM BY

I, MR, MRS, MISS, MS (NAME)

ADDRESS

POSTCODE

EMAIL

TELEPHONE NO.

MOBILE NO.

EMPLOYED BY

OCCUPATION

Are you an actual eye witness?

No Yes

Are you a work colleague having knowledge of the occurrence?

No Yes Being a work colleague having knowledge of the occurrence giving rise to the injuryof hereby certify that

the particulars hereunder are an accurate description of the occurrence.

2 Details of occurrence

DATE OF OCCURRENCE

 DD / MM / YY

Time

a.m.

p.m.

If you were an **eye witness**, describe fully the occurrence giving rise to the injury.If you were a **work colleague having knowledge of the occurrence giving rise to the injury**, state fully the source and circumstances from which knowledge of the occurrence was obtained.

3 Details of injury

Describe the resulting injury. (State fully the type and position of the injury, for example 'cut on upper/lower arm, grazed right ankle, burnt back of left hand').

4 Declaration

I have read the information provided in this form. I declare that the information supplied in this form, and any attachments to this form, is true and correct to the best of my knowledge.

NAME OF WITNESS

DATE

 / /

SIGNATURE

IN THE PRESENCE OF

DATE

 / /

SIGNATURE

5 Privacy

Any personal information you provide to us will be collected, stored, used and disclosed in accordance with our Privacy Policy located at www.wfi.com.au/privacy. Additionally, any sensitive information will only be used for the primary purpose for which it is collected. If you cannot access our Privacy Policy through our website, please contact us on 13 15 32 and we will send you a copy.