WORKERS' COMPENSATION

Witness Statement



	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 X 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	e having knowledge of the occurrence	ce giving rise to the injury		
of		hereby certify the	nat	
the particulars hereund	der are an accurate description of the	e occurrence.		
2 Details of occurrence				
DATE OF OCCURRENCE				
D D / M M / Y Y 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.				

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 correct to the best of my knowledge.	n supplied in this form, and any attachments to this form, is true and			
NAME OF WITNESS	DATE			
	D D / M M / Y Y			
SIGNATURE				
IN THE PRESENCE OF	DATE			
	D D / M M / Y Y			
SIGNATURE				

5 Privacy

3 Details of injury

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.

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