

Witness Statement

WITNESS STATEMENT (REQUIRED) - We require a statement from someone independent who witnessed the incident. Please have that person complete this section.

CLAIMANT'S NAME

Date of Injury

1. Name *(Surname)* *(Given Names)*

Address State Postcode

Telephone (AH) Telephone (BH)

Please give a full description of the accident giving a rise to the claimant's injury, as you saw it:

Signature of Witness

Date

If needed, please call us on 03 8562 9100 to speak to the claims team.