

## Sportscover Australia Pty Ltd

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 ACN 006 637 903
 ABN 43 006 637 903

 AFS Licence Number 230914

## **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			
	Telephone (AH)		State Telephone (BH)	Postcode
		of the accident giving a rise t		
	Please give a full description of the accident giving a rise to the claimant's injury, as you saw it:			
	Signature of Wit	tness	Date	
			Duc	

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