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Yes ☐ No ☐

Your vehicle			
Other vehicle			
Pedestrian , cyclist etc			
Intersection			

Claim no.

## B. ABOUT THE VEHICLE IN WHICH YOU WERE INJURED

Registration number

State of reg.

Driver's name

Driver's licence number

Residential address: Street

Suburb

Postcode

Phone: Work

Phone: Mobile

Phone: Home

Vehicle owner's name (if different from driver)

Vehicle owner's contact details (if different from driver)

## C. OTHER VEHICLES INVOLVED

(if more than two vehicles, attach a separate list)

Registration number

State of reg.

Driver's name

Driver's licence number

Residential address: Street

Suburb

Postcode

Phone: Work

Phone: Mobile

Phone: Home

Vehicle owner's name (if different from driver)

Vehicle owner's contact details (if different from driver)

## 4 NON WORKERS COMPENSATION CLAIMS

Have you made a personal injury claim other than a workers compensation claim regarding this accident?

Eg. a CTP claim or a public liability claim Yes ☐ No ☐

If Yes, provide details including the type of claim

Name of insurer

Claim/reference number

## 5 DECLARATION

I have read the information provided in this form. I declare that the information that I have supplied in this form, and any attachments to this form, is true and correct to the best of my knowledge. I understand that the making of a false or misleading statement in support of the claim is punishable by law and that I may be prosecuted.

I authorise and consent to any person who provides a medical or hospital service to me in connection with an injury/condition to which this claim relates to provide upon request by the workers' compensation authority, my employer or insurer/claims agent, any information regarding the service relevant to the claim. I understand that my authority has effect and cannot be revoked for the duration of this claim.

I authorise and consent to the collection, disclosure and release of any personal and health information in connection with an injury/condition to which this claim relates. I understand that if this claim results in me receiving weekly compensation payments, I am required to notify whomever is paying my benefits if I commence employment with some other person or in my own business, or of any change in my employment that affects my earnings, and that failure to do so is an offence. I consent to the WorkCover Authority of NSW using the information collected in connection with my claim for the purposes of research about workers compensation, workplace injury management and occupational health and safety.

Signature of injured worker

Date