

Witness' statement in support of claim

Western Australia

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



Witness statement in support of claim by:

Witness' details

Name of witness		Daytime contact number	
Occupation		Employer	
I am	an actual eye witness a person having knowledge (please tick one) of the occurrence suffered by the above mentioned person		
Relationship to the injured worker (please tick one):	Supervisor	Work colleague	Other (please specify):
Date of occurrence	/ /	Time	a.m. p.m.

The circumstances as witnessed or described to you

Describe fully in your own words how the injury occurred:

Describe fully in your own words the nature of the injury. Please be specific and state fully the type(s) and bodily location(s) of the injury (for example, cut on front of left forearm, graze to skin on outside of right ankle):

If you were not an eye witness of the occurrence state fully the source and circumstances from which knowledge of the occurrence was obtained:

Declaration

	<i>Surname</i>	<i>Given name(s)</i>			
I, (witness)					
of (address)			State	Postcode	
certify that this is a true statement and that the particulars provided above are an accurate description of the occurrence.					
Signature	X		Date	/ /	