

# Supplementary form for 'injury on the journey'

Supplementary information to be provided by a worker in respect of an injury received whilst on the daily or other periodic journey between the worker's place of abode and place of employment or any trade technical or other training school or otherwise in the course of their employment.

Please print in BLOCK letters

## About the worker

Full name \_\_\_\_\_ Date of birth   /   /

Address \_\_\_\_\_ Post code \_\_\_\_\_

Employer's name \_\_\_\_\_ Policy no \_\_\_\_\_

Address \_\_\_\_\_ Post code \_\_\_\_\_

Date and time of accident? Date   /   /   Time \_\_\_\_\_ am/pm

## About the journey

What mode of transport were you using? \_\_\_\_\_

Where exactly did the accident occur? Street/road \_\_\_\_\_ Suburb/town \_\_\_\_\_

Were you travelling to or from work? \_\_\_\_\_ Following your usual route?  Yes  No

Were you travelling to or from a trade or technical school? \_\_\_\_\_ Following your usual route?  Yes  No

Did you divert from your usual route?  Yes  No Was the journey broken for any reason?  Yes  No

If so, for what reason? \_\_\_\_\_

Had you consumed any alcohol or drugs?  Yes  No If "Yes", how much? \_\_\_\_\_

## What happened

How did the accident occur? \_\_\_\_\_

Name and address of witnesses \_\_\_\_\_

## About the accident

If you were injured in a TRAFFIC ACCIDENT

Police station to which the accident was reported \_\_\_\_\_ Date reported   /   /

Police officer's name \_\_\_\_\_ Did police attend scene?  Yes  No

Police action taken or proposed \_\_\_\_\_

If you were a passenger had the driver consumed any drugs or alcohol prior to the accident?  Yes  No

If "Yes", how much? \_\_\_\_\_ If you were a driver/passenger were you wearing a seat belt?  Yes  No

If you were a rider/passenger were you wearing a helmet?  Yes  No

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## Traffic accident details

Please note that all traffic accidents must be reported to the police as soon as possible but no later than 28 days after the accident, If you have not, you should do so immediately.

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## About your vehicle

Registration no.  State of registration \_\_\_\_\_

Driver's name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Owner's name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

Registration no.  State of registration \_\_\_\_\_

Driver's name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Owner's name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Using the symbols below draw a diagram of the accident scene showing the position of all vehicles and indicate by arrows the directions of travel.

Your vehicle  Other vehicle

Pedestrian, Cyclist, etc  Intersection 

Comments \_\_\_\_\_

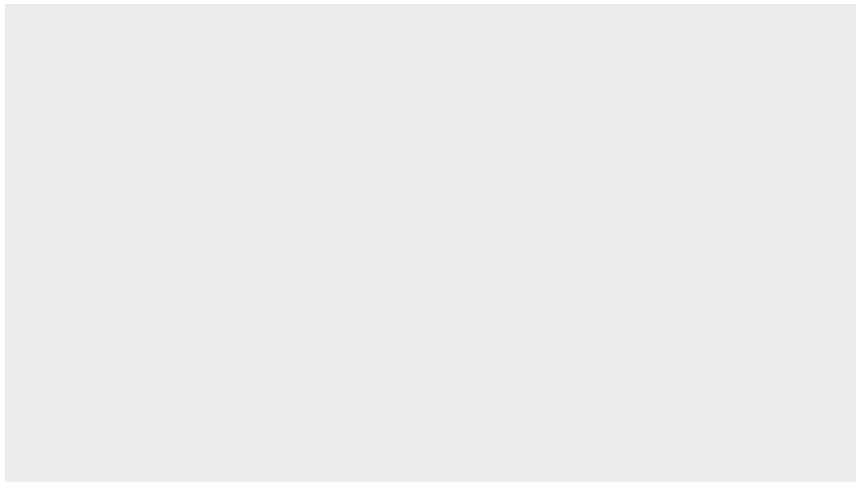
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\_\_\_\_\_

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\_\_\_\_\_



In our opinion, who was responsible for the accident? and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Had you claimed against person responsible?  Yes  No Name of insurer \_\_\_\_\_

I hereby declare that the foregoing statements are, to the best of my knowledge and belief, true and correct in every detail.

Signature of claimant \_\_\_\_\_

Witness of my signature \_\_\_\_\_ Date reported   /   /

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