|  |
| --- |
| 1. **Injured Worker’s Details**
 |
| Injured Person: |       |
| Employed By: |       |
| Claim Number *(if known)* |       |
| 1. **Details of Witness Making This Statement**
 |
| Name of Witness: |       |
| Residential Address: |       |
|       | Suburb: |       |
| State: |       | Postcode: |       |
| Phone: | Home: |       | Mobile |       |
| Current Employer: |  |
| Employer’s Address: |       |
|       | Suburb: |       |
| State: |       | Postcode: |       |
| Name of your Manager / Supervisor: |       |
| 1. **Incident Details**
 |
| When did it happen? (day of week) |      , Date:      /     /      | Time: |  |
| Where did it happen?*(address & location)* |       |
| How did it happen?*(full description of events leading to the incident and actually occurring at time of the incident)* |       |
| What was the injured person doing at the time of the incident? |       |
| What did you notice about the injured person?*(such as bleeding, limping vomiting etc.)* |       |
| What complaints did the injured person make?*(such as pain etc.)* |       |

|  |  |
| --- | --- |
| Did the injured person continue to work?*(if yes, for how long and in what manner?)* |       |
| Did you actually see the incident? | [ ]  Yes | [ ]  No | Where there any other persons present at the time? | [ ]  Yes | [ ]  No |
| If yes, name of other persons present: |       |
| How did the injured person say the incident happened: |       |

**Please complete and sign the relevant Declaration on the following page and return the form to Hotel Employers Mutual:**

**🖃:** GPO Box 4143, SYDNEY NSW 2001

**🖂:** info@hotelemployersmutual.com.au

**:** 02 8351 9495

**Declaration A**

|  |  |  |
| --- | --- | --- |
| I declare that the foregoing is correct | Signature of witness: |  |
| Employed by: |  |
| I declare that the person making this statement is known to me and signed in my presence. |
| Declared at: |  |
| the |  | day of |  | 20 |  |
| Before me Justice of the Peace |  |
| (Print Name) |  |

**Declaration B**

***This declaration is to be completed where the witness does not understand written English***

|  |
| --- |
| 1. *Declaration of Witness*
 |
| I have had the questions on this form and my answers to those questions, together with this |
| declaration read and explained to me in my native language which is |  |
| by  | {name of interpreter} |  |
| and I confirm that my answers as interpreted to me are correct and that I understand the meaning  |
| of the declarations made by me. |
| Signature of witness: |  |
| 1. *Declaration of Interpreter*
 |
| I |  |
| Address |  |
| Occupation |  |
| certify that I have translated the questions on this form and the declarations on this form to |
| {witness name} |  |
| from the English language into the  |  | language and the  |  |
| language into the English language to the best of my skill and ability. |
| I am satisfied that |  | {witness’s name) understood the questions on the form |
| and the declarations on the form. I certify that the answers as translated by me are correct translations |
| of the witness’s answers to those questions. |
| Signature of interpreter |  |

|  |  |  |
| --- | --- | --- |
| I declare that the foregoing is correct | Signature of witness: |  |
| I declare that the person making this statement is known to me and signed in my presence. |
| Declared at: |  |
| the |  | day of |  | 20 |  |
| Before me Justice of the Peace |  |
| (Print Name) |  |