

# Statement of witness to an injury



INSURANCE SERVICES

Please print all details and provide signatures where required

Injured person

Employed by

Workers Compensation claim number (if known) (Please quote on all communications)

Title

Surname

Given name(s)

Address

Phone number: Home

Work

Current employer

Address

Suburb	State	Postcode
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Name of your foreman or supervisor

## Accident details

Did you actually see the accident?

Yes  No

Were there any other persons present at the time?

Yes  No

If other persons present what were their names?

How did injured person say the accident happened?

When did it happen? Day of the week

Date

Time (am/pm)

Where did it happen? Address and location

How did it happen? (Full description of events leading to accident and actually occurring at time of accident)

What was injured person doing at time of accident?

  

What did you notice about the injured person? (Such as bleeding, vomiting, limping, etc.)

What complaints did the injured person make (such as where was the pain?)

Did the injured person continue to work? (If yes, for how long and in what manner?)

#### How to return this form

- › Email: [insurance@provident.com.au](mailto:insurance@provident.com.au)
- › Fax: (08) 9389 5852
- › Post: Provident Insurance Services  
PO BOX 424 Nedlands, WA 6909

#### How to contact us

- › Phone: (08) 9442 0000
- › Web: [www.provident.com.au](http://www.provident.com.au)