

Workers Compensation

Journey claim form



Employer name

Claim number

Please print in block letters.

1. About the worker

Full name

Date of birth

Address

Employer name

1. About the journey

Date and time of accident?

Date

Time

What mode of transport were you using? (eg motor vehicle, public transport, walking, other)

Where exactly did the accident occur? Street/Road

Suburb/Town

Where were you travelling to? (eg work, home, technical school)

Following your usual route?

Yes

—

No

Where were you travelling from? (eg work, home, technical school)

Following your usual route?

Yes

—

No

Did you divert from your usual route?

Yes

No

Was there any interruption to the journey?

Yes

No

If yes, please provide details

Had you consumed any alcohol or drugs in the 12 hours immediately prior to the accident?

Yes

No

If yes, how much?

3. What happened?

How did the accident occur?

Contact details of witnesses:

Full name	Address	Telephone

In your opinion, who was responsible for the accident. And why?

4. Traffic accident details

About the vehicle in which you were injured

Registration number State of registration

Driver's name License number Expiry date / /

Residential address

Phone ()

Vehicle owner's name (if different from driver)

Vehicle owner's address (if different from driver)

Suburb	State	Postcode
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Phone ()

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

Registration number State of registration

Driver's name

Residential address

Suburb	State	Postcode

Phone

()

Owner's name

Residential address

Suburb	State	Postcode

Phone

()

6. About the accident

Police station to which the accident was reported

Date reported

/ /

(All traffic accidents involving injury must be reported to the Police.)

Police officer's name

Did Police attend the 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

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

Your vehicle



Other vehicles



Pedestrian, Cyclist, etc.



Intersection



Diagram area for drawing the accident scene.

How to return this form

- › Email: insurance@provident.com.au
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How to contact us

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