

# journey claim form

## form 4 – western australia

Injured Persons Name

Address   
 Postcode

Date of Accident  /  /

Employer's Name

Employer's Address   
 Postcode

### Section 1 journey details

Provide journey description

What was purpose of journey?

Was the journey under direct instruction from your employer?  
No  Yes

Was the journey taken to the required destination, the direct route?  
No  Why was a deviation made?

Yes

Was there any other interruption to this journey?  
No  Yes  Please provide details

### Section 2 accident details

Where exactly did the accident occur?  
Street/Road   
Town/Suburb

Describe, in full, how the accident occurred

### Section 3 vehicle details

Name of Vehicle Owner

Address   
 Postcode

Vehicle make

Model

Registration number

Name of Other Vehicle Owner

Address   
 Postcode

Vehicle Make

Model

Registration Number

Other Driver's Details

### Section 4 witness details

Name of Witness 1

Age of Witness 1

Address of Witness 1   
 Postcode

Name of Witness 2

Age of Witness 2

Address of Witness 2   
 Postcode

Who, in your opinion, was to blame for the accident

Why?

Have you reported the accident to the Police?  
No  Yes

Police Report Number

Were any charges laid against you, or the other driver involved?

No  Yes

If so, who?

Has the claim been reported to the State Government Insurance Commission Personal Injury Division?

No  Yes  Please state when/report number

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.


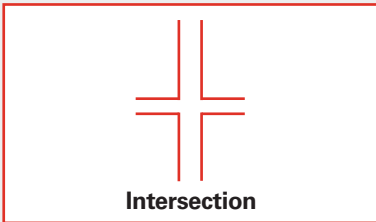
Your vehicle 

Other vehicle 

Pedestrian, Cyclist, etc. 

Direction arrows 

Point of impact 



**Section 5 declaration**

I solemnly and sincerely declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself and the occurrence are true both in substance and in fact to the best of my knowledge and belief.

Signature of injured person

Date

Signature of Witness

Date

Name of Witness (printed)

**Failure to complete this declaration may delay approval of the claim.**

**Please attach any additional information directly to this form.**