

IMPORTANT INFORMATION
please read this first

employee's injury on the journey

claim form – australian capital territory

This form is to be completed by the injured worker:

1. Where an injury has been sustained on the journey between your place of abode and place of employment or any other journey covered by the ACT Workers Compensation Act.

Please complete this form and the Employee's claim for workers compensation form.

Section 1 employee's details

Please print in block letters

Family Name

Given Names

Residential Address

Postcode

Employer's Name

Address

Postcode

Telephone Number

Date of Accident

Time of Accident

Section 2 journey details

What mode of transport were you using?

Where exactly did the accident occur?

Street/Road

Town/Suburb

Were you travelling to or from work?

No If not, where were you travelling to or from?

Yes

Were you following your usual route?

Did you divert from your usual route?

Was the journey broken for any reason?

No Yes If so, for what reason?

Had you consumed any alcohol or drugs?

No Yes How much?

Section 3 accident details

How did the accident occur?

Name and addresses of witnesses

Witness 1 Name

Witness 1 Address

Postcode

Witness 2 Name

Witness 2 Address

Postcode

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

Have you claimed against the person responsible?

No Yes Name of the Insurers?

Section 4 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 reported the accident, you should do so immediately.

Vehicle Details

Registration Number

State of Registration

Driver's Name

Driver's Address

Postcode

Telephone Number

Owner's Name

Owner's Address

Postcode

Telephone Number

Other Vehicle Involved

(If more than two vehicles, attach a separate list)

Registration Number

State of Registration

Driver's Name

Driver's Address

Postcode

Telephone Number

Owner's Name

Owner's Address

Telephone Number

Accident details

Police Station to which the accident was reported

Date reported

Police officer's name

Did police attend the scene?

Police action taken or proposed

If you were a passenger, had the driver consumed any drugs or alcohol prior to the accident?

How much?

If you were a driver/passenger were you wearing a seat belt?

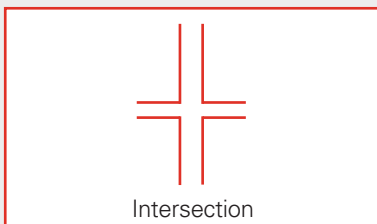
If you were a rider/passenger were you wearing a helmet?

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. 



Section 5 declaration

I, (print name)

declare that the information given is true and correct in every particular.

Signature of person making this claim

Date

Witness

Date