



Applicant's Name: _____

DETAILS OF INJURY/ILLNESS

1. Where exactly did the injury/illness occur?

Premises/Street/Road	Suburb/Town	
Date of incident	Time of incident	<input type="radio"/> am <input type="radio"/> pm

2. Were you on a break from work, ie lunch break?

No Yes ▶ Reason for break

3. Were you on a journey to or from work?

No ▶ Go to question 22
 Yes ▶ Reason for journey

4. Did you take a route other than the most direct route between the start and finish of your journey?

No
 Yes ▶ Provide reason and details

5. What address were you travelling from?

6. Where were you travelling from?

Workplace
Home ▶ Is this your usual home address? ▶ Yes
Other ▶ Specify ▼ No ▶ Specify usual address ▼

_____ Postcode

7. What time did you leave?

am
 pm

8. What address were you travelling to?

9. Where were you travelling to?

Workplace

Home

Other

▶ Is this your usual home address? ▶

Yes

▶ Specify ▼

No

▶ Specify usual address ▼

Postcode

10. What time did you expect to arrive?

am
 pm

11. Had you consumed any drugs (including medication), or any alcohol in the 24 hours before the accident/injury?

No

Yes

▶ What drugs and/or alcohol were taken?

How much

When

12. What mode of transport were you using when the injury/illness was sustained?

On foot

▶ Please turn over the page and complete the journey information diagram

Public transport

Private motor car

▶ Vehicle details: Registration number

State of registration

Motorbike

Other

▶

13. Were you driving the vehicle?

Yes

▶ Attach copy of your Driver's Licence and go on to the next question

No

▶ Driver's name

Telephone

Address

14. Were you wearing a seatbelt? (or if riding a motorbike a helmet?)

Yes

No

15. Are you the owner of the vehicle?

Yes

▶ Go on to next question

No

▶ Owner's name

Telephone

16. Provide details of any other vehicles involved: (if more than two vehicles, attach a separate list)

Registration number	<input type="text"/>	Registration number	<input type="text"/>
State of registration	<input type="text"/>	State of registration	<input type="text"/>
Make & model of vehicle	<input type="text"/>	Make & model of vehicle	<input type="text"/>
Colour of Vehicle	<input type="text"/>	Colour of Vehicle	<input type="text"/>
Driver's name	<input type="text"/>	Driver's name	<input type="text"/>
Telephone	<input type="text"/>	Telephone	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Vehicle's Insurance company	<input type="text"/>	Vehicle's Insurance company	<input type="text"/>

17. Owner's name (if different from driver)?

Name

Telephone

Address

18. Was the accident reported to the police?

No **Why** ►

Yes ► At which police station?

Date Reported Police Officer's Name

Did police attend the scene? **Yes** **No** **Traffic Incident Number**

Were you the person who reported it? **Yes** **No** (attach a copy of the police report)

19. Have you sought legal advice?

No **Yes** ► If you are taking legal action as a result of your injury/illness, you must let the Work Injury Management Team know. The University will seek to recover all compensation payments made to you from any successful legal action you may take.

20. Other than making this claim, do you intend to take any action to recover damages or expenses?

No **Yes** ► What is the name of your legal representative?

Name

Address

Contact phone number

JOURNEY INFORMATION DIAGRAM

21. Include a photocopy, draw a diagram below or attach a separate diagram, showing where:

- you started the journey (indicate the direction of travel by using arrows)
- your planned destination
- where the accident happened and the position of all vehicles
- the route you travelled from the start of your journey; and
- the route you would have taken had the accident not happened

Where appropriate, use the following symbols below:

Your vehicle



Other vehicle(s)



Pedestrian / cyclist



Intersection



JOURNEY INFORMATION DIAGRAM

22. Please add any other information you feel is relevant

DECLARATION

23. I certify that to the best of my knowledge and belief the information contained in this form is true and correct in every particular.

Signature of applicant

Signature of witness

Date

Printed name of witness