



# STATEMENT OF WITNESS TO AN INJURY

(PLEASE PRINT ALL DETAILS AND PROVIDE SIGNATURES WHERE REQUIRED)

Injured Person: \_\_\_\_\_

Employed by: \_\_\_\_\_

Workers Compensation Claim No. (if known): \_\_\_\_\_ (Please quote on all communications)

## DETAILS OF WITNESS MAKING THIS STATEMENT

Name of Witness: \_\_\_\_\_  
(Surname) (First Names)

Residential Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Current Employer: \_\_\_\_\_

(Name and Address): \_\_\_\_\_  
\_\_\_\_\_

Name of your foreman or supervisor: \_\_\_\_\_

W  
I  
T  
N  
E  
S  
S

## ACCIDENT DETAILS

Did you actually see the accident?: \_\_\_\_\_ Were there any other persons present at the time?: \_\_\_\_\_

If other persons present what were their names?: \_\_\_\_\_

How did injured person say the accident occurred?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did it happen? Day of week: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

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?): \_\_\_\_\_  
\_\_\_\_\_

A  
C  
C  
I  
D  
E  
N  
T

## PRIVACY STATEMENT

GIO General Limited is a Suncorp Metway company.

Suncorp Metway is an Allfinanz group offering many different categories of financial products and services in banking, insurance, investments, and advice on financial services.

We need to collect personal information from you so we can:

- set up and administer a product for a customer;
- determine a customer's requirements and provide the appropriate product or service;
- assess a claim made by a customer under one or more of our products;
- assess our customers and their needs;
- improve our financial products and services.

Without this information, we cannot provide the product or service.

### **Protecting your privacy is a key part of our normal operations.**

As one of a number of companies that form the Suncorp Metway group, we may provide personal information about you to all the related companies within this group. We do not disclose personal information to any outside third party organisation, unless it is contracted to Suncorp Metway to provide administrative services or activities on our behalf. In this case, we make sure that the third party is bound by the same privacy rules we follow.

You may:

- access the personal information that we hold about you;
- get more information about Suncorp Metway;
- obtain a copy of our Privacy Policy;

by calling 13 10 10, or contacting us at [gio.com.au](http://gio.com.au) or by visiting any of our branches.

## DECLARATION

By signing this application, I agree to GIO collecting, using and disclosing my personal information, including sensitive and health information if applicable, in accordance with the Privacy Statement included in this document and the Suncorp Metway Privacy Policy.

I \_\_\_\_\_ declare the  
(Print name)

truth of the above statement.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

## DECLARATION

### THIS DECLARATION TO BE COMPLETED WHERE WITNESS DOES NOT UNDERSTAND WRITTEN ENGLISH

- (a) I have had the questions on this form and my answers to those questions, together with this declaration read and explained to me in my native language which is \_\_\_\_\_  
by \_\_\_\_\_ (name of interpreter) and I confirm that my answers as interpreted to me are correct and that I understand the meaning of the declarations made by me,

\_\_\_\_\_  
Signature of witness

- (b) Declaration of interpreter

I \_\_\_\_\_  
\_\_\_\_\_

(name, address and occupation) certify that I translated the questions on this form and the declarations on this form to \_\_\_\_\_ (witness's name) from the English language into \_\_\_\_\_ language and the \_\_\_\_\_ language into the English language to the best of my skill and ability.

I am satisfied that \_\_\_\_\_ (witness's name) understood the questions on the form and the declarations on the form.

I certify that the answers as translated by me are correct translations of the witness answers to those questions.

\_\_\_\_\_  
Signature of interpreter

I declare that the foregoing is correct

\_\_\_\_\_  
Signature of witness

I declare that the person making this statement is known to me and signed in my presence.

Declared at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ before me  
(Day) (Month) (Year)

\_\_\_\_\_  
Justice of Peace

\_\_\_\_\_  
(Print name)

