Workers' Compensation Witness Statement Form

RiskCover

221 St George's Terrace, Perth
GPO Box K837 Perth WA 6842
Telephone (08) 9264 3333
Facsimile (08) 9322 1557
Website www.riskcover.wa.gov.au

1. INJURED WORKER

Injured Worker's Name .....

2. WITNESS DETAILS

Name ..... Date of Birth ..... / ..... / .....
Address .....
Phone ..... Employer's Name .....
Occupation .....
Relationship to the injured worker: Co-worker ☐ Family ☐ Other ☐ Please specify .....

3. INCIDENT DETAILS

Date of incident ..... / ..... / ..... Time of incident ..... am/pm
Place of Incident .....
Type of Injury (e.g. burn, cut, fracture) .....
Location of Injury (e.g. right arm, lower back) .....
Were you an eye witness? Yes ☐ No ☐
If Yes, please describe what you witnessed: .....

If No, how did you become aware of the incident? .....

4. DECLARATION

Section 308 of the Workers' Compensation and Injury Management Act 1981 provides that any person who fraudulently obtains or fraudulently attempts to obtain any benefit under this Act, by malingering or making any false claim or statement, and any person who, by a false statement or other means, aids or abets a person in so obtaining or attempting to obtain, commits an offence.

I declare that the details submitted are true and correct.

Signature of Witness ..... Date ..... / ..... / .....