

WITNESS STATEMENT - We require a statement from anyone who witnessed the incident. Please have that person/s complete this section.

1. (a) Name _____
Surname *Given Names*

(b) Address _____
_____ State _____ Postcode _____

(c) Telephone (AH) _____ Telephone (BH) _____

(d) Please give a full description of the accident giving a rise to the claimant's injury, as you saw it:

Signature of Witness Date / /

2. (a) Name _____
Surname *Given Names*

(b) Address _____
_____ State _____ Postcode _____

(c) Telephone (AH) _____ Telephone (BH) _____

(d) Please give a full description of the accident giving a rise to the claimant's injury, as you saw it:

Signature of Witness Date / /

