

Injury on the Journey

Claim No. (Office use only)

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Additional information to be provided by the injured worker in respect of an injury received whilst on a journey between the worker's home and place of employment or any trade, technical or other training school or other place.

Please print in BLOCK LETTERS and ensure the declaration on page 3 is completed

1 About the worker

Full name of worker	Date of birth	/	/
Address		Postcode	
Name of employer			
Address		Postcode	

2 About the journey

Exactly where were you going when the injury occurred, on whose orders and why?

State the exact time you commenced the journey am ☐ pm ☐

Did you interrupt the journey for any reason? Yes ☐ No ☐ If 'Yes', for how long and why?

What mode of travel were you using on this journey? Is this the usual mode? Yes ☐ No ☐

If 'No', why?

2 About the journey (continued)

Did you, on the journey when this accident happened, follow the route usually taken by you? Yes ☐ No ☐

If 'No', state (a) the reason for the deviation

(b) the route of the deviation

What is the distance of the journey?

What is the time usually taken for this journey?

Describe in detail your movements between the time you commenced the journey up to the time of the accident.

3 What happened

Date of accident? / / Time of accident? am ☐ pm ☐

What were the scheduled working hours for that day? Starting time am ☐ pm ☐ Ceasing time am ☐ pm ☐

How did the injury/accident occur?

Where did the accident happen?

Did you in the 24 hours preceding the accident consume any alcohol and/or drugs? Yes ☐ No ☐

If 'Yes', state type, quantity and when consumed

Who in your opinion is responsible for the accident?

Reason

4 Police report

Did police attend scene? Yes ☐ No ☐ If 'Yes', give officer's name, number and station

Officer's name

Officer's number Officer's Station

If Police did not attend to which station was the accident reported?

Date reported / /

Police action taken or proposed

5 Witnesses

Was the accident witnessed? Yes ☐ No ☐ If 'Yes', give names, addresses and approximate ages of witnesses:

Witness 1

Name Age

Address Postcode

Witness 2

Name Age

Address Postcode

Traffic accident details

Please note that all traffic accidents which involve any injury or property damage exceeding \$1,000 must be reported to the police as soon as possible, preferably within 48 hours of the accident. If you have not, you should do so immediately.

6 About your vehicle

Registration number

Make and Model

Approximate value of damage \$

Driver's name

Phone

Address

Postcode

Owner's name

Phone

Address

Postcode

7 Other vehicle involved (if more than two vehicles, attach a separate list).

Registration number

Make and Model

Approximate value of damage \$

Driver's name

Phone

Address

Postcode

Owner's name

Phone

Address

Postcode

Using the symbols below, show position of vehicles on the plan below and indicate by arrows direction of travel. Also show stop or giveaway signs and traffic lights and street names.

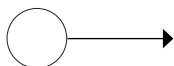
Your vehicle



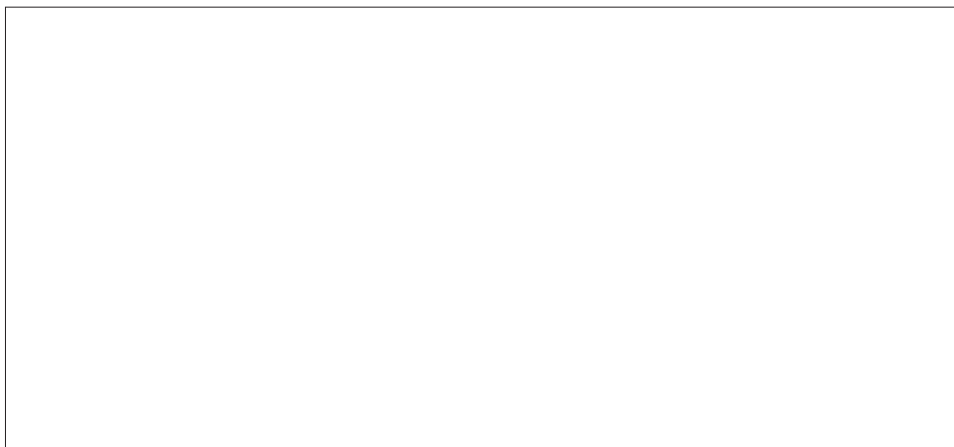
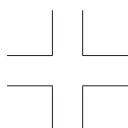
Other vehicle



Pedestrian, Cyclist, etc.



Intersection



8 Declaration

I hereby declare that the foregoing statements are, to the best of my knowledge and belief true and correct in every detail and I give permission for the Police to release information concerning my involvement in this accident to Zurich Australian Insurance Limited.

Signature of Worker

Date

X

/ /