



# EMPLOYER'S INDEMNITY WITNESS STATEMENT

Claim number

Policy number

**This form should be completed and returned to CGU within 7 days of receipt.**

Please print in block letters and answer all questions **X** where applicable (provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet.

## Statement

In support of claim by

I, Mr, Mrs, Miss, Ms (Name)

Address

Postcode

Employed by

Occupation

Are you an actual eye witness?

No  Yes

Are you a work colleague having knowledge of the occurrence?

No  Yes

Being a work colleague having knowledge of the occurrence giving rise to the disability

of  hereby certify that

the particulars hereunder are an accurate description of the occurrence.

## Details of occurrence

Date of occurrence

Time

a.m.

p.m.

If you were an **eye witness**, describe fully the occurrence giving rise to the disability.

If you were a **work colleague having knowledge of the occurrence giving rise to the disability**, state fully the source and circumstances from which knowledge of the occurrence was obtained.

## Details of disability

Describe the resulting disability. (State fully the type and position of the disability, for example 'cut on upper/lower arm, grazed right ankle, burnt back of left hand').

## Declaration

I have read the information provided in this form. I declare that the information supplied in this form, and any attachments to this form, is true and correct to the best of my knowledge.

Name of witness

Date

Signature

In the presence of

Date

Signature

## Privacy

Any personal information you provide to us will be collected, stored, used and disclosed in accordance with our Privacy Policy located at [www.cgu.com.au/privacy](http://www.cgu.com.au/privacy). Additionally, any sensitive information will only be used for the primary purpose for which it is collected. If you cannot access our Privacy Policy through our website, please contact us on 13 15 32 and we will send you a copy.



Insurer  
Insurance Australia Limited  
ABN 11 000 016 722  
trading as CGU Workers Compensation