

Supplementary information to be provided by a worker in respect of an injury received whilst on the daily or other periodic journey between the worker's place of abode and place of employment or any trade or other training school.

Claim no.

## About the worker

Surname

First names

Date of birth

 /  / 

Address

Postcode

Employer's name

Date of accident

 /  / 

Time of accident

 am / pm

Employer's address

Postcode

## About the journey

What mode of transport were you using?

Where exactly did the accident occur? (Street/Road - Suburb/Town)

Were you travelling to or from work? To  From

Following your usual route? Yes  No

Were you travelling to or from a trade or technical school? To  From

Following your usual route? Yes  No

Did you divert from your usual route? Yes  No

Was the journey broken for any reason? Yes  No

If so, for what reason?

Had you consumed any alcohol or drugs? No  Yes

Type?

How much?

## What happened

How did the accident occur?


Name(s) of witness(es)


Address


Postcode

Postcode

Phone no.


In your opinion, who was responsible for the accident? And why?


**Note:** If you were injured in a **traffic accident**, please also complete the questions overleaf.

## Traffic accident details

Please note that by law, all traffic accidents involving personal injury or death or property damage of more than \$500 must be reported to the police as soon as possible after the accident. **If you have not yet notified the police as required, you should do so immediately.**

## About your vehicle

Registration number	<input type="text"/>	State of registration	<input type="text"/>
Driver's name	<input type="text"/>		
Address	<input type="text"/>	Postcode	<input type="text"/>
Telephone no.	<input type="text"/>		
Owner's name	<input type="text"/>		
Address	<input type="text"/>	Postcode	<input type="text"/>
Telephone no.	<input type="text"/>		

## Other vehicles involved (if more than two vehicles, attach a separate list)

Registration number	State of registration	Driver's name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	Postcode
Telephone no.	<input type="text"/>	
Owner's name	<input type="text"/>	
Address	<input type="text"/>	Postcode
Telephone no.	<input type="text"/>	

## About the accident

Police station to which the accident was reported	Police officer's name	Date reported
<input type="text"/>	<input type="text"/>	<input type="text"/>

Did police attend the scene? Police action taken or proposed

Yes  No


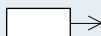
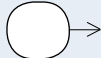
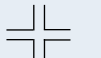
If you were a passenger, had the driver consumed any drugs or alcohol prior to the accident? No  Yes

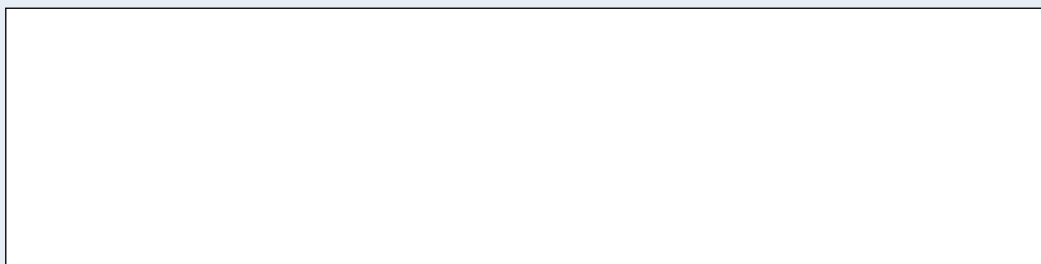
Type  How much?

If you were a driver/passenger, were you wearing a seat belt? No  Yes

If you were a rider/passenger, were you wearing a helmet? No  Yes

Using the symbols below draw a diagram of the accident scene showing the position of all vehicles and indicate by arrows the direction of travel.

- Your vehicle 
- Other vehicle 
- Pedestrian, cyclist, etc. 
- Intersection 



I hereby declare that the foregoing statements are, to the best of my knowledge and belief, true and correct in every detail.

Signature of injured worker	Date	Witness	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Sydney Centre** GPO Box 9960 Sydney NSW 2001 Tel. 1300 666 506 Fax 1300 666 406  
**Newcastle Centre** PO Box 834 Newcastle NSW 2300 Tel. (02) 4907 5200 Fax (02) 4907 5299  
**Parramatta Centre** GPO Box 3995 Parramatta NSW 2124 Tel. (02) 8895 0581 Fax (02) 8895 0938  
**Tamworth Centre** PO Box 593 Tamworth NSW 2340 Tel. (02) 6767 2360 or 1800 043 335 Fax (02) 6767 2381  
**Wollongong Centre** PO Box 1759 Wollongong NSW 2500 Tel. (02) 4298 2000 Fax (02) 4226 5937  
**Canberra Centre** GPO Box 811 Canberra NSW 2601 Tel. (02) 6240 4790 Fax (02) 6240 4799

**CGU Workers Compensation (NSW) Limited**

Agent for the NSW WorkCover Scheme ABN 83 564 379 108/007.