



Potential Economic Loss

1. Your Full Name

2. Your Address and Telephone Number

3. What was your occupation at the time of the crash (including student, pension type, home duties or unemployed)?

4. Did your injuries prevent you looking for work?

No Yes

How long for?

Weeks Days

5. Are your injuries still preventing you from looking for work?

No Yes

6. Did you work during the three years before this crash?

No Yes

Provide the following details:

Employer 1

Employer's Name

Date employed

From To

Employer 2

Employer's Name

Date employed

From To

Employer 3

Employer's Name

Date employed

From To

7. At the time of this crash had you received an offer of employment?

No Yes

(If yes, please attach a copy of the letter of offer)

Employer's Name

Employer's Address

Employer's Telephone Number

Scheduled Start Date

8. Have you started this employment since the crash?

Yes Date Started

No

Reason for not starting

Claim Number:

9. Have you claimed on any other personal insurance policy for loss of income?

No Yes

Provide details of the insurer

Claim number

10. Have you had any previous Workers Compensation claims?

No Yes

Provide details of the nature of injury, date of injury, insurer and claim number.

11. Have you received any Centrelink Benefits?

No Yes

Provide details of the benefit and reference number

Claim Number:

Information Confidentiality

Please note that Section 42 of the *Insurance Commission of Western Australia Act 1986* prevents the Insurance Commission of Western Australia from divulging information, except in the performance of a function or duty under or in connection with any written law or as required by any other legal duty.

I declare that the information provided in this form is, to the best of my knowledge, true and correct. It is an offence to provide false or misleading information in this document. Section 27B *Motor Vehicle (Third Party Insurance) Act 1943* – penalty \$10,000.

The Insurance Commission of Western Australia collects personal information through this form as authorised by law to assess motor injury insurance claims. If you are making such a claim, please note that to enable us to manage your claim, we will continue to collect other personal information from you and other relevant parties such as the WA Police Force, Department of Health, Department of Transport and Major Infrastructure, St John Ambulance, health service providers and solicitors. Personal information in this form is shared with other authorised parties where necessary and authorised by law. For further details on how we handle your personal information, please read our Privacy Policy at icwa.wa.gov.au/privacy.

Claimant

Signature of Claimant

Address

Date

Telephone Number

Authority to Release Information

I, _____ of _____, authorise my nominated prospective employer to provide to the Insurance Commission of Western Australia or its representative(s) any and all information in respect of any offer of employment. Furthermore, I authorise any insurer from whom I have claimed or held a policy with, for personal injury, to release to the Insurance Commission of Western Australia, all details in respect of such claim or policy.

Signed _____ Date _____

Claim Number:

Claim Number:

WESTERN AUSTRALIA
THE EVIDENCE ACT 1906
STATUTORY DECLARATION

I,

(Name and Occupation)

of

(Address)

in the State of Western Australia do solemnly and sincerely declare that the information I have provided in this document is true and correct.

I make this declaration by virtue of Section 106 of the *Evidence Act 1906 (WA)*.

Declared at _____

this _____ day of _____ 20 _____ .

Ordinary signature of declarant _____

before me, _____

(* Justice of the Peace/ * Commissioner of Declarations)

* Strike out whichever is not applicable.

Attached is a list of people authorised to declare and attest documents in Western Australia.

The following is a list of people authorised to declare and attest documents in Western Australia:

1. A commissioner of declarations.
2. A member of Parliament for either house of the State or Commonwealth.
3. A commissioner of declarations appointed by the Commonwealth.
4. A justice of the peace.

And also including:

1. The chief executive officer or deputy chief executive officer of a local government.
2. A member of the council of a local government.
3. An electoral registrar appointed under the Electoral Act 1907.
4. A person appointed to take charge of a post office in the State.
5. An officer of the State or Commonwealth public service.
6. A teacher within the meaning of the Education Act 1928.
7. A police officer.
8. A person appointed to take charge of the head or any branch office in the State of an authorised deposit-taking institution carrying on business under the Banking Act 1959 of the Commonwealth.
9. A secretary of an organisation of employees or employers registered under the Industrial Relations Act 1979 or of an organisation registered under the Conciliation and Arbitration Act 1904 of the Commonwealth.
10. A practitioner within the meaning of the Legal Practitioners Act 1893.
11. A medical practitioner registered under the Medical Act 1894.
12. A pharmaceutical chemist within the meaning of the Pharmacy Act 1964.
13. A member of the academic staff of an institution providing courses at post secondary education level.
14. The holder of a licence under the Real Estate and Business Agents Act 1978 or the Settlements Agents Act 1981.
15. An insurance broker registered under the Insurance (Agents and Brokers) Act 1984 of the Commonwealth.
16. A person registered as an auditor or a liquidator under the Companies (Western Australia) Code.
17. A person who is accredited as a chartered accountant or a certified practising accountant.
18. A surveyor licensed under the Licensed Surveyors Act 1909.
19. A patent attorney registered under the Patents Act 1990 of the Commonwealth.

No person **under** the age of 18 years is qualified to effect any statutory declaration or instrument.