Insurance Commission of Western Australia

Claim Number

STATEMENT SHEET

Crash Date: _____ / _____ / _____

Date of Birth: _____ / _____ / _____

I _____
(Full Name)

of _____
(Address)

STATE:

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Notice of Collection and Privacy Policy

The Insurance Commission of Western Australia (ICWA) collects personal information through this Statement Sheet under the *Motor Vehicle (Third Party Insurance) Act 1943*, the *Motor Vehicle and Workplace Accidents (Catastrophic Injuries) Act 2016* and other applicable laws to administer, assess and manage motor injury insurance claims and perform its statutory functions.

To assess and manage the claim, ICWA may collect additional personal information from you and from relevant parties including the WA Police Force, Department of Health, Department of Transport and Major Infrastructure, St John Ambulance, hospitals, health practitioners, rehabilitation providers, legal representatives and other persons involved in the assessment and management of the claim.

ICWA may use and disclose your personal information to health practitioners, legal representatives, investigators, government agencies, courts, tribunals and other organisations where necessary to administer the claim or where authorised or required by law.

If you do not provide requested information, ICWA may be unable to properly assess liability, determine entitlements or effectively manage the claim.

You may request access to, and correction of, personal information held by ICWA and make privacy enquiries by contacting privacy@icwa.wa.gov.au. Further information about how ICWA handles personal information is available in the Privacy Policy at icwa.wa.gov.au/privacy.

_____ NAME

_____ SIGNATURE

_____ DATE