



Insurance Commission  
of Western Australia

**Government Insurance Division**

Level 13, Forrest Centre  
221 St Georges Terrace  
Perth WA 6000

GPO BOX K837  
Perth WA 6842

Tel: (08) 9264 3333  
[icwa.wa.gov.au](http://icwa.wa.gov.au)

Workers' Compensation and Injury Management Branch  
20 Stockton Bend, Cockburn Central WA 6164  
GPO Box P1174, Perth WA 6844  
Tel: (08) 9395 9300  
Email: [volunteer.injurymanagement@dfes.wa.gov.au](mailto:volunteer.injurymanagement@dfes.wa.gov.au)

# Volunteer Injury Claim Witness Statement

## Volunteer details

Last name:	First name:
------------	-------------

## Witness details

Last name:	First name:
Date of birth:	
Address:	
Phone:	Email:
Employers' name:	Occupation:
Relationship to claimant: Co-volunteer <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/> Please specify:	

## Incident details

Date of incident:	Time of incident: am/pm
Place of incident:	
Type of injury (burn, cut, fracture etc.):	
Location of injury (upper arm, lower back etc.):	
Were you a witness? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please describe what you witnessed:	
If no, how did you become aware of the incident?	

## Declaration

Section 308 of the <i>Workers' Compensation and Injury Management Act 1981</i> provides that any person who fraudulently obtains or fraudulently attempts to obtain any benefit under this Act, by malingering or making any false claim or statement, and any person who, by false statement or other means, aids or abets a person in so obtaining or attempting to obtain, commits an offence.	
I declare that the details submitted are true and correct.	
Signature of witness:	Date:
Witness name:	