Insurance Commission of Western Australia

Claim Number

STATEMENT SHEET

Crash Date : ..... / ..... / .....

Date of Birth : ..... / ..... / .....

I .....
(Full Name)

of .....
(Address)

STATE :

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.

.....	.....	.....	.....
NAME	SIGNATURE	IF YOU ARE UNABLE TO INSERT A DIGITAL SIGNATURE TYPE NAME HERE	DATE

Download the form on your computer, and once complete, send to ctp@icwa.wa.gov.au

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