



Complete this form if you wish to claim workers' compensation whilst travelling for work purposes. Once completed please send this form along with your *Workers' compensation claim form* to your employer.

Privacy and your personal information. Your privacy is important to us. For information about how we handle your personal information, please visit comcare.gov.au/privacy or contact us on 1300 366 979 and request a copy of our Privacy Policy.

Please complete using black or blue ink.

Your personal details

1. Given names

2. Surname

3. Date of birth

4. Residential street address

Street	
Suburb	
State	Postcode

5. Name of your employer on the day of the injury

6. Comcare claim number (if known)

About the journey

7. What were your hours of duty on the day of the journey?

From	<input type="checkbox"/> am	<input type="checkbox"/> pm
To	<input type="checkbox"/> am	<input type="checkbox"/> pm

8. From where were you travelling?

<input type="checkbox"/> Workplace	<input type="checkbox"/> Place of education
<input type="checkbox"/> Home	<input type="checkbox"/> Medical assessment
<input type="checkbox"/> Other	

Please specify

9. Where were you travelling to?

<input type="checkbox"/> Workplace	<input type="checkbox"/> Place of education
<input type="checkbox"/> Home	<input type="checkbox"/> Medical assessment
<input type="checkbox"/> Other	

Please specify

10. If the journey was to or from a 'place of education', was this for work purposes?

 Yes No

11. Approximately what time did you leave?

 am pm

About the accident

12. Has the accident been reported to the police?

 Yes No, go to Q17

Please advise the location of the police station and the police incident number

13. Date the accident was reported

14. Police officer's name

15. Did police attend the scene of the accident?

 Yes No

16. Has any police action been taken or is it proposed?

 Yes No

Please provide details

About the vehicle you were travelling in

17. Registration number

18. State of registration

19. Make and model of vehicle

20. Driver's details

Name	
Street	
Suburb	
State	Postcode
Phone	

21. Owner's details

Name	
Street	
Suburb	
State	Postcode
Phone	

Other vehicles involved

22. Registration number

23. State of registration

24. Make and model of vehicle

25. Driver's details

Name	
Street	
Suburb	
State	Postcode
Phone	

26. Owner's details

Name	
Street	
Suburb	
State	Postcode
Phone	



Please attach a separate sheet if more vehicles were involved.



Employee's declaration

I declare that all information provided on this form is true and accurate.

I am aware that Comcare can use the information provided in this form to request a copy of any relevant police report.

I am also aware that a copy of this form could be forwarded to any third party considered liable for my compensable injury/injuries.

Print your name

Signature

Date



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