Form 3

VEHICLE ACCIDENT RELEASE FORM

TO WHOM IT MAY CONCERN

I _____
(NAME IN FULL)

OF _____
(ADDRESS)

In the state of Western Australia, hereby authorise the West Australian Police Department, its Officers or employees to release to LGIS WorkCare, its servants, employees, agents or solicitors, any report, statement or other documentation which I may have made pertaining to the traffic accident with which I was involved on the _____ Day of_____ 20_____

At _____
(LOCATION OF ACCIDENT)

*DATED THE*_____ *DAY OF*_____ *20*_____

SIGNED _____

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