

## Claimant Declaration

I confirm that the information provided with this application is true and accurate.

I understand that in accordance with section 80A of the Act\* it is a criminal offence to knowingly or recklessly provide false or inaccurate information to the Board and

I confirm that I have reviewed this application and the documents submitted with it in full.

I further acknowledge that I have a continuing obligation to ensure that all information provided to the Board on my behalf is true and accurate.

Print Name:

Date of Incident/  
Accident:

Claimant  
Signature:

Signing Date:

*\*The Act referred to above is the Personal Injuries Assessment Board Act 2003 (as amended).*