

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 Resolution Board Acts 2003 to 2022.*