

## **TRAVEL REPORT QUESTIONNAIRE**



1. NAME \_\_\_\_\_

2. DATE OF INJURY \_\_\_\_\_

3. EMPLOYER \_\_\_\_\_

4. Describe in detail how and where (street names, etc.) the accident happened, stating the time of the accident:

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5. Who is the registered owner of the vehicle? \_\_\_\_\_

6. Route traveled: \_\_\_\_\_

7. Purpose of journey (Business / Private )

8. Was the vehicle travelling a direct route to its destination from its departure (Yes / No)

9. Was the vehicle specifically used for business? (eg if the purpose was to deliver bread, was the vehicle assigned to the task of transporting bread) (Yes / No)

10. Did the accident occur during working hours? (Yes / No)

11. How far from workplace (in KM's)? \_\_\_\_\_

12. What time did the employee leave the workplace? \_\_\_\_\_

13. What time did the employee's shift start? \_\_\_\_\_

14. Name and details of driver \_\_\_\_\_

15. Person responsible for trip and cost thereof \_\_\_\_\_

16. Who is the registered owner of the vehicle? \_\_\_\_\_

17. Registration number of vehicle(s) involved in accident \_\_\_\_\_

18. SAP Branch and case no where accident was reported \_\_\_\_\_

Name and surname \_\_\_\_\_

Employers signature \_\_\_\_\_

Date signed \_\_\_\_\_