

Statutory Declaration
OATHS ACT 1900, NSW, EIGHTH SCHEDULE

I,

(Full Name)

Of

(Address)

_____, do solemnly and sincerely declare that:

(Occupation)

1. An Emergency Ambulance Service was used by myself as defined by the PSA/CPSU NSW Emergency Ambulance Cover Claim Form Terms and Conditions. I have read and agree to the terms and conditions.
2. The Emergency Ambulance Service was used on _____ (Date).
3. I confirm that the responsibility for payment for using the Emergency Ambulance Service does not lie with a third party such as:
 - a. WorkCover
 - b. State Insurance Regulatory Authority (SIRA)
 - c. A Statutory Authority
 - d. State of NSW
 - e. Commonwealth of Australia
4. I confirm that I do not have Ambulance Cover through an Ambulance Service Scheme.
5. I confirm that I do not have Ambulance Cover through a Private Health Insurance Policy.
6. I confirm that I do not have Ambulance Cover through a Sporting Club.

and I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the *Oaths Act 1900*.

Declared at: on

[place] *[date]*

.....
[signature of declarant]

in the presence of an authorised witness, who states:

I, , a

[name of authorised witness] *[qualification of authorised witness]*

certify the following matters concerning the making of this statutory declaration by the person who made it: *[* please cross out any text that does not apply]*

1. *I saw the face of the person OR *I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification¹ for not removing the covering, and

2. *I have known the person for at least 12 months OR *I have confirmed the person’s identity using an identification document and the document I relied on was

[describe identification document relied on]

.....
[signature of authorised witness]

.....
[date]

¹ The only “special justification” for not removing a face covering is a legitimate medical reason (at September 2018)