



Claimant Name

Date of Injury

Claim no.

WORKERS COMPENSATION ACT 1987

EMPLOYER INJURY CLAIM FORM

If your injury employer is a licensed self-insurer, where you read "WorkCover" and "Agent" also read "self-insurer" and "approved agent of a self-insurer".
If your injury employer has a policy with a licensed specialised insurer, where you read "WorkCover" and "Agent" also read "specialised insurer" and "approved agent of a specialised insurer".

For help completing this form or for more information contact:

- Your WorkCover Agent
- The WorkCover Information Centre on: 13 10 50

As the employer you need to:

- Notify your Agent within 48 hours of an injury, or in the case of serious incidents, notify WorkCover and your insurer immediately.
- Complete a claim form if your Agent has requested you provide one by answering all indicated questions.
- Sign the employer's declaration on page 3 of this form.
- Attach a copy of the WorkCover Certificate of Capacity (if the worker's doctor has provided one) to this form.
- Keep a copy of all documents including a copy of this form for your records.
- Send this completed form, the completed Worker's Injury Claim Form and any WorkCover Certificate of Capacity to your Agent within 7 days after receiving them from your worker – or you may be financially penalised.
- Make notification within 5 days after you become aware of the injury, otherwise an excess will apply.
- Continue to pay the worker weekly payments in accordance with the notice provided by your Agent.
- Participate with your Agent in developing an injury management plan.
- Provide suitable duties for the worker (unless not reasonably practical).

Getting your worker back to work

- Talk with your worker about developing a return to work plan.
- Talk to your worker's nominated treating doctor about what duties your worker does and what parts of their work (or other available duties) the worker could do, taking into account their injury.
- Talk to your Agent about what support is available to help your worker return to work and overcome their injury as quickly as possible.

Your worker's responsibilities:

- To notify you that they've been injured at work as soon as possible and complete the injury register at the workplace.
- To see their nominated treating doctor who may provide a WorkCover Certificate of Capacity.
- To give you the completed Workers' Injury Claim Form and any WorkCover Certificate of Capacity as soon as possible after being injured. If your worker or their representative has difficulty giving you their claim form or any WorkCover Certificate of Capacity, or you refuse to take receipt of these documents, the worker has the right to lodge the claim directly with your Agent or WorkCover. The worker can also notify your Agent or WorkCover directly by telephone.
- To work with you to develop a return to work plan (if required).
- To comply with their injury management plan and return to work plan.

Please note that there are penalties for providing false or misleading information in relation to this claim.

Your Agent will write to you and advise you if provisional liability has been accepted or declined. This decision will be made within 7 days of notification of injury to the Agent. The acceptance of provisional liability by the Agent is not an admission of liability. Provisional liability allows an Agent to make early payments for wages and medical expenses to the worker.

Your Agent will then advise you if claim liability has been accepted or declined within 21 days.

To find out more about the process of making a claim, your employer return to work obligations and how you can assist your worker return to work, talk to your Agent or refer to the back of this form for a list of relevant publications or visit the website at www.workcover.nsw.gov.au

Should you experience difficulty once the claim has been submitted and you would like assistance call the Claims Assistance Service on 13 10 50.

Please indicate in which State you want to lodge this claim:

New South Wales Queensland Victoria

1 EMPLOYER'S DETAILS

Legal name

Trading name

Employer's scheme registration number eg. WorkCover Employer, Policy, or Employer Registration Number

Employer's reference number (Your reference)

This question is required for NSW claims

Policy period of insurance

Street address

Suburb

State

Postcode

Postal address

Australian Business Number

ACN/ARBN

Division

Cost Centre

What is the main business activity at the incident site?

Name, position, and daytime contact number of employer contact

Claim no.

This form can be used to lodge a Workers' Compensation Claim in New South Wales, Queensland, or Victoria.

6 WORKER'S EARNING DETAILS

Note: For NSW, a PIAWE form should be completed. Please complete this section if you wish to claim for weekly payments.

How many standard hours did the worker work each week before being injured? Exclude overtime hrs

What were the worker's usual working hours?
For example, Monday to Friday, 8.30 am to 5.30 pm

What was the worker's usual gross hourly rate? Exclude overtime & shift allowances \$

What was the worker's usual gross weekly earnings? Exclude overtime & shift allowances \$

Please provide details of any overtime or shift work

Average weekly overtime hrs \$

Weekly shift allowance \$

Please provide payroll records covering the 12 months prior to injury

7 INCIDENT DETAILS

What is the worker's injury/condition, and which parts of the body are affected?

What happened and how was the worker injured?

What is the street address where the incident occurred?

Suburb

State

What was the date and time the injury/condition occurred?

/ / AM
 PM

What date and time did the worker first cease work?

/ / AM
 PM

Which of the following incident circumstances apply?

- While working at your usual workplace
- While working away from your usual workplace
- During a meal-break or authorised recess at work
- While away from work during a recess
- Travelling to or from work*
- A motor vehicle accident while you were working*

** For NSW incidents an other work related injury claim form must also be completed*

If the injury was the result of driving or using a motor vehicle or the use of public transport, please provide the registration number/s of any vehicles involved

Registration number/s of involved vehicles State

Has the worker had a similar injury/condition or personal injury claim before that relates to this injury/condition?

Please give details, including claim numbers

When did the worker report the injury to you?

/ /

Who was the injury reported to?

What are the names and daytime contact details of any witnesses?

Do you believe that the injury/condition was caused or contributed to by the worker, or a third party such as a manufacturer or supplier? Please give details if relevant

8 ADDITIONAL INFORMATION

Do you want to provide any additional information that may assist in the determination of liability or the management of this claim? eg. Do you dispute liability, and, if so, why?

9 EMPLOYER'S DECLARATION

I have read the information provided in this form. I declare that the information I have supplied in this form, and any attachment to this form, is true and correct and that no information has been suppressed or omitted from this report to the best of my knowledge. I understand that the making of a false or misleading statement concerning a claim is punishable by law and that I may be prosecuted.

Signature of employer's representative Date

/ /

Name

Position

Claim no.

This form can be used to lodge a Workers' Compensation Claim in New South Wales, Queensland, or Victoria.

INFORMATION FOR EMPLOYERS AND RETURN TO WORK COORDINATORS

RETURNING YOUR INJURED WORKERS BACK TO WORK

- If your worker has any capacity for work, a return to work plan must be developed.
- The return to work plan should be regularly reviewed and updated as your injured worker's condition changes – as a guide, the plan should be reviewed at least monthly in consultation with your injured worker and their nominated treating doctor.
- If you need assistance with return to work and identifying suitable employment, contact your WorkCover Agent immediately. Steps to facilitate the return to work will include discussing return to work options with the workers nominated treating doctor and may include assistance from an occupational rehabilitation provider, modifying the worker's duties or hours, providing special equipment.
- The return to work plan should be signed by all parties to indicate their agreement and copies provided to them.

FURTHER INFORMATION

- Return to work plans and general information can be downloaded from www.workcover.nsw.gov.au
- Contact your Agent for further advice regarding return to work planning and preparation.

RTW PUBLICATIONS, FORMS AND INFORMATION SHEETS AVAILABLE ON THE WEBSITE

- Employers Guide: What to do if an Injury Occurs
- Guidelines for Employers Return to Work Programs
- Workers Compensation Injury Management Fact Sheets
- Suitable Duties: Information for Employers and Injured Workers
- Guidelines for Claiming Workers Compensation Benefits
- Your Recovery and Return to Work after a Workplace Injury