

Application for workers compensation insurance claims, policy and settlement records



State Insurance
Regulatory Authority

Please read the following information before completing and lodging your application:

The search will be undertaken for relevant records of policies, claims and settlements held by the State Insurance Regulatory Authority (SIRA).

Before lodging this application, you should attempt to obtain the required information from the employer, self, specialised or group self insurer or the scheme agent.

Where the search application is for a person's workers compensation insurance claims or settlement records the section labelled 'Authority to Release' **must** be completed by the person. Completion of the section labelled 'Authority to Release' is **not** required if the search application is only for an employer's workers compensation policy records.

SIRA will respond to you within 21 days of receipt of your application.

How to fill in this form

Please use **black** ink only and print within the boxes in BLOCK LETTERS. Where required, please mark box(es) with a .

Proof of identity for injured worker applications

When seeking access to your personal information, you must provide a copy of proof of identify. A copy of one of the following documents is acceptable:

- Australian driver's licence (with photograph, signature and current address).
- Current Australian passport.
- Other proof of signature and current address details.

Lodgement

Please mark this application '**Confidential**' and return to **one** of the following:

Post: Customer Experience, State Insurance Regulatory Authority, Locked Bag 2906, Lisarow, NSW 2252.

Email: insurancesearch@sira.nsw.gov.au

Enquiries - 13 10 50

Privacy compliance statement

Information collected in this form will not be used or disclosed except in accordance with the requirements of the *Privacy and Personal Information Protection Act 1998* (PPIP Act) and/or *Government Information (Public Access) Act 2009* (GIPA Act).

This information is collected and used by the State Insurance Regulatory Authority (SIRA) for the purposes of undertaking the evaluation, assessment and processing an application request. While the supply of the information is voluntary, failure to supply the required personal information may limit SIRA's ability to process applications.

Except for the purpose of prosecution and unless disclosure is otherwise required or permitted by law, the information will not be otherwise accessed by any third parties in a way that would identify the individual, without the consent of that individual.

Individuals are able to gain access to personal information about them held by SIRA and correct it if the information is inaccurate, incomplete, not relevant or out of date. Applications must be made in writing to the Privacy Contact Officer, SIRA, Locked Bag 2906, Lisarow, NSW 2252.

Further information about our handling of personal and health information is available on our website at www.sira.nsw.gov.au



Section 1: Applicant details

Family/Surname/Company

Given name(s)

Company contact (if applicable)

ABN (if applicable)

Applicant's reference number (if applicable)

Please provide my search results by:

Email OR Post

Email address of applicant

Postal address (include unit/street/property/Lot or DP/PO Box/GPO Box/Private Bag/Locked Bag)

Suburb

State

Postcode

Daytime contact number

Mobile number

Section 2: Applicant type

Injured worker (attach a certified copy of your proof of identify)

Solicitor

Scheme agent

Self/specialised/group self-insurer

Government agency

CTP insurer

Other

Section 3: Type of search request

Policy details (please complete section 4)

Claims history (please complete section 5)

Settlements (please complete section 5)

Please provide the reason/purpose for requesting this search

Section 4: Policy details search

Have you made any attempts to obtain the requested information directly from the employer(s)?

Yes. Describe and attach evidence of the attempts (eg - copy of letters, emails)

No. Provide reason why no attempts were made and attach evidence
(eg - company de-registration/in administration)

Employer's details

Employer's name

ABN

ACN

Employer's business (street) address

Suburb

State

Postcode

Policy date range to be searched

From (DD/MM/YYYY)

To (DD/MM/YYYY)

Employer's name

ABN

ACN

Employer's business (street) address

Suburb

State

Postcode

Policy date range to be searched

From (DD/MM/YYYY)

To (DD/MM/YYYY)

Employer's name

ABN

ACN

Employer's business (street) address

Suburb

State

Postcode

Policy date range to be searched

From (DD/MM/YYYY)

To (DD/MM/YYYY)

Section 5: Claims history and/or settlement search

Injured worker's details

Family/Surname

Given name(s)

Date of birth (DD/MM/YYYY)

Authority to release information

To: SIRA

Please treat this as a formal authority to release my claims and/or settlement history to the below applicant.

Injured worker's details

Family/Surname

Given name(s)

Date of birth (DD/MM/YYYY)

Address (include unit/street/property/Lot or DP number if applicable – must not be a PO Box)

Suburb

State

Postcode

Applicant requesting search (as per section 1)

Family/Surname/Company

Given name/Contact person

Additional information that may assist in conducting the records search (if applicable)

It is an offence under the *Workplace Injury Management and Workers Compensation Act 1998* and under the *Crimes Act 1900* to supply a document that is false or misleading in order to obtain a financial advantage.

Full name of injured worker

Signature of injured worker

Date (DD/MM/YYYY)

Full name of witness

Signature of witness

Date (DD/MM/YYYY)