SAVE AS PRINT

Other injury claim form

NSW GOVERNMENT | State Insurance Regulatory Authority

Workers Compensation Act 1987

Complete this form to provide additional information if you were injured during a work journey, during a recess or authorised temporary absence from work.

This form should be used:

- where there is a real and substantial connection between the employment and the injury, a worker who was injured while:
  - on their daily or other periodic journey between the worker's place of abode and place of employment
  - between the place of abode and any trade, technical or other training school, or a university or other college or school providing secondary or tertiary education that the workers is required or expected to attend by their employer
  - on a journey between the worker's place of abode and other places referred to in section 10(3)(c) – (g) of the *Workers Compensation Act 1987*
  - on a journey between the worker's place of employment and other places referred to in section 10(3)(c) – (g) of the *Workers Compensation Act 1987*
  - away from work during an ordinary recess and for an injury involving a motor vehicle accident in the course of employment
- parties exempt from the 2012 legislation changes (police officers, paramedics, firefighters, coal miners, emergency service workers and rescue association workers) in respect of:
  - an injury received while on the daily or other periodic journey between the worker's place of abode and place of employment or to any trade, technical or other training school or a university or other college or school providing secondary or tertiary education that the workers is required or expected to attend by their employer, or otherwise in the course of their employment
  - an injury received while on a journey between the worker's place of abode or place of employment and other places referred to in section 10(3)(c) – (g) of the *Workers Compensation Act 1987*
  - an injury received while temporarily absent during an ordinary recess or authorised absence and for injury involving a motor vehicle accident in the course of employment.

Please complete this form in BLOCK letter using a black pen. Attach a separate page if you need more space.

Help with completing this form

For injured workers: contact the insurer in the first instance, or alternatively the Workers Compensation Independent review Office (WIRO) on 13 94 76.

For employers, insurers and other stakeholders: contact SIRA on 13 10 50.

Worker name

Date of injury (DD/MM/YYYY) | Claim number (if known) | *Medicare number

(*Medicare clearance is required for the management of your claim)

Worker details

Title

Family name

Given names

Other known or previous legal name (for example maiden name)

Date of birth (DD/MM/YYYY)

Gender

☐ Male ☐ Female

Residential street address

Suburb

State

Postcode

Postal address for correspondence

Suburb

State

Postcode

What are your daytime contact phone number(s)?

Mobile

Work

Home

Email address

If you need an interpreter, what language do you speak?

Do you have special communication needs because of a disability?
For example hearing or vision impairment

☐ Yes ☐ No

Journey details

Date and time of accident

Date (DD/MM/YYYY)

Time

☐ AM ☐ PM

What mode of transport were you using? For example motor vehicle, public transport, walking, other

Where exactly did the accident occur? For example street

Suburb

Postcode

Journey details continued over...

Where were you travelling to? For example, work, home, technical school, university

Did the accident involve a motor vehicle? ☐ Yes ☐ No

What time did you leave work, home, technical school, university? ☐ AM ☐ PM

Were you on a recess or authorised break? ☐ Yes ☐ No

What was the purpose of your journey?

What is your usual route for this journey?

Did you divert from your usual route? ☐ Yes ☐ No

If yes, provide details

Was there any interruption to the journey for any reason? ☐ Yes ☐ No

If yes, provide details

Had you consumed any alcohol and / or prescription / non-prescription drugs in the 12 hours immediately before the accident? ☐ Yes ☐ No

If yes, provide a detailed list below (use a separate page if required)

How did the accident occur? Please provide a detailed description.

Contact details of witnesses

Full name	Address	Phone number

In your opinion, who was responsible for the accident? Why?

Traffic accident details

All traffic accidents in which someone is injured, must be reported to the police as soon as possible but no later than 28 days after the accident. If you have not reported your accident, you should do so immediately.

A. If you were injured in a traffic accident

Police station to which the accident was reported

Date (DD/MM/YYYY)

Police officer's name

Did police attend the accident?

☐ Yes ☐ No

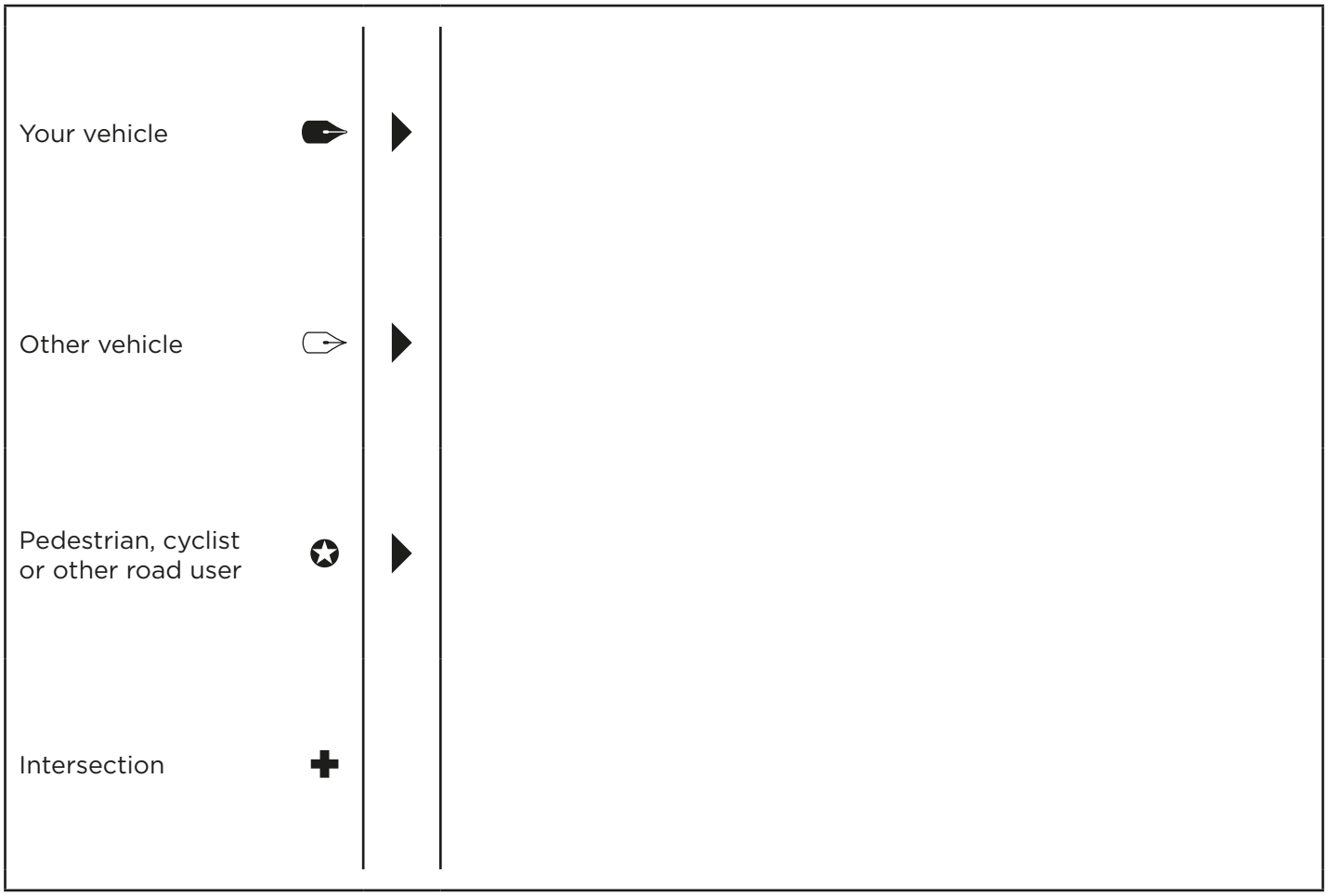
Police reference number

Police action taken or proposed

If you were a driver/passenger, were you wearing a seatbelt? ☐ Yes ☐ No

If you were a rider/passenger, were you wearing a helmet? ☐ Yes ☐ No

Using the symbols below, draw a diagram of the accident scene showing the position of all vehicles and indicate by arrows the directions of travel.



Traffic accident details continued over...

NSW GOVERNMENT | State Insurance Regulatory Authority

B. About the vehicle in which you were injured

Registration number

State of registration

Driver's name

Driver's licence number

Residential street address

Suburb

State

Postcode

Mobile

Work

Home

Vehicle owner's name (if different from driver)

Vehicle owner's contact details (if different from driver)

C. Other vehicles involved (if more than two vehicles, attach a separate list)

Registration number

State of registration

Driver's name

Driver's licence number

Residential street address

Suburb

State

Postcode

Mobile

Work

Home

Vehicle owner's name (if different from driver)

Vehicle owner's contact details (if different from driver)

Have you made a personal injury claim other than a workers compensation claim regarding this accident?

For example a CTP claim or a public liability claim

☐ Yes ☐ No

If yes, provide details including the type of claim

Non-workers compensation claims

Use this section to tell us about any non-related workers compensation claim(s) you have made which may be relevant to this incident and/or injury.

Name of insurer

Claim/reference number

Declaration

I have read the information provided in this form and declare that the information that I have supplied in this form, and any attachments to this form, is true and correct to the best of my knowledge.

I understand that the making of a false or misleading statement in support of the claim is punishable by law and that I may be prosecuted.

I authorise and consent to any person who provides a medical or hospital service to me in connection with an injury/condition to which this claim relates to provide upon request by the State Insurance Regulatory Authority, my employer or insurer/claims agent, any information regarding the service relevant to the claim. I understand that my authority has effect and cannot be revoked for the duration of this claim.

I authorise and consent to the collection, disclosure and release of any personal and health information in connection with an injury/condition to which this claim relates. I understand that if this claim results in me receiving weekly compensation payments, I am required to notify whomever is paying my benefits if I commence employment with some other person or in my own business, or of any change in my employment that affects my earnings, and that failure to do so is an offence. I consent to the State Insurance Regulatory Authority using the information collected in connection with my claim for the purposes of research about workers compensation, workplace injury management and occupational health and safety.

Signature of injured worker

Date (DD/MM/YYYY)

Collection of personal and health information to manage your claim

In processing your claim, the insurer may collect personal and health information about you. The *State Insurance and Care Governance Act 2015* established Insurance and Care NSW (icare) to act for the Nominal Insurer in accordance with section 154C of the *Workers Compensation Act 1987*. Some employers are self-insurers while others may be covered by specialised insurers. icare, acting for the Nominal Insurer, has appointed insurance agents to act on its behalf in managing workers' compensation policies and claims for compensation.

Personal and health information is collected about you on this form and may also be collected during the processing, assessing and management of your claim. It may be collected from your current, previous and future employers, other government agencies, credit reporting agencies, health service providers and other persons who can provide information relevant to the claim. Personal and health information about you may also be collected by solicitors, private investigators, loss adjusters and other service providers acting on behalf of your insurer.

Personal and health information is collected for the purposes of enabling your insurer to process, assess and manage your claim and to verify any evidence you may submit in support of a claim.

Collection of this information may be required by the *Workplace Injury Management and Workers Compensation Act 1998* and the *Workers Compensation Act 1987*. If you do not provide any part or all this information, your claim may not be accepted or processed. All information collected in this form will be held by the insurer managing your claim. If you do not know the contact details for the insurer, please call the Workers Compensation Independent Review Office (WIRO) on 13 94 76. You may request access to personal and health information about you collected by SIRA. You may also request the correction of any errors in the personal or health information held by the insurer.

The information collected may be disclosed for one or more purposes listed in section 243 of the *Workplace Injury Management* and *Workers Compensation Act 1998* ("1998 Act"), for the purposes of legal proceedings arising under the 1998 Act or the *Workers Compensation Act 1987*, to assist with your rehabilitation and return to work and to assist your insurer to better manage claims generally.

For the purposes of processing, assessing and managing your claim and dealing with any complaint or enquiry made by you to any authority (including to SIRA or the Workers Compensation Independent Review Office (WIRO)), insurers may disclose personal and health information about you to each other and to the following organisations and types of organisations:

- SIRA
- employees, contractors and agents of SIRA and insurers
- your employers
- solicitors, medical practitioners and other health service providers, private investigators, loss adjusters and other service providers acting on behalf of icare or an insurer in relation to the claim
- the Workers Compensation Commission and approved medical specialists
- a court or tribunal in the course of proceedings under any of the Acts administered by SIRA
- any other person, organisation or government agency authorised by you, or by law, including the WIRO and its employees or agents, to obtain the information.

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