Worker's injury claim form

NSW GOVERNMENT | State Insurance Regulatory Authority

Workers Compensation Act 1987
Workplace Injury Management and Workers Compensation Act 1998

Complete this form to make a workers compensation claim for weekly payments or medical, hospital and rehabilitation expenses.

Information for workers

Before completing this form, you should:

- notify your employer of your work-related injury or illness
- update your employer's injury register
- see your nominated treating doctor, who may provide a State Insurance Regulatory Authority (SIRA) Certificate of Capacity, and give the original copy of the certificate to your employer.

All of the questions on this form must be answered.

Note: There are penalties for providing false or misleading information. You must let the insurer know if your circumstances change that impacts on the accuracy of the information for this claim.

This form cannot be accepted without your signature. Please sign the declaration on page 7.

Once complete, make a copy for your records and forward the completed form to your employer and the insurer.

If you have any questions about this form, contact the insurer in the first instance, or alternatively please contact the Workers Compensation Independent Review Office (WIRO) on 13 94 76.

Getting back to work

To help you return to work and assist your recovery, you should:

- ask your doctor about treatment, your capacity for work and any medical restrictions that should apply
- encourage your doctor to talk to your employer about any suitable duties
- talk to your employer or return to work coordinator and develop a return to work plan
- talk to the insurer about what support services are available to help you return to work and wellbeing.

During your claim you must always:

- cooperate with your employer's insurer and your doctor in developing an injury management plan to coordinate and manage any treatment, rehabilitation or retraining required to assist you in your return to work
- comply with your return to work plan and the injury management plan developed for you by your employer's insurer.

Collection of personal and health information

SIRA and your employer's insurer may collect, disclose or share personal and health information about you from various sources for the purposes of processing, assessing and managing your 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. You may request access to your personal and health information and request that any errors be corrected.

Information for employers

An employer has a duty to:

- send this completed form and any SIRA Certificate of Capacity to your insurer within seven days of receiving it
- pay the employee their weekly payments if their claim is accepted
- offer suitable employment to the employee
- remain in contact with your employee and their treating doctor to create a return to work plan.

If you have been unable to resolve your workers compensation enquiry or complaint with your insurer in the first instance, please contact SIRA on 13 10 50. Further information is available at www.sira.nsw.gov.au

Date of injury (DD/MM/YYYY)

Claim number (if already known)

Medicare number

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

Section 1: Worker's details

Title

Family name

Given names

Other known or previous legal names, for example maiden names

Date of birth (DD/MM/YYYY)

Gender

☐ Male ☐ Female

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

Suburb

State

Postcode

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

Email

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

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

These questions are required for NSW claims (police/firefighter/paramedic only)

Do you support a partner?

☐ Yes ☐ No

If yes, what were their average gross weekly earnings in the past three months?

Do you support any children under the age of 18, or full-time students?

☐ Yes ☐ No

If yes, please provide the date of birth for each (DD/MM/YYYY)

Section 2: Incident and worker's injury details

What task(s) were you doing when you were injured?

What happened and how were you injured?

What is your injury/condition, and which parts of your body are affected?

What area of the worksite were you working in when you were injured?

What is the street address where the incident occurred?

Suburb

State

Name of employer responsible for this workplace

Which of the following incident circumstances apply?

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

*For journey claims; you may also need to complete the *Other injury claim form*.

If your injury was the result of driving or using a motor vehicle or the use of public transport, please provide the following details:

The police station the accident was reported to

Registration number(s) of involved vehicles

State

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

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

Date (DD/MM/YYYY)

Time (AM/PM)

When did you first notice the injury/condition?

Date (DD/MM/YYYY)

If you stopped work, what was the date and time?

Date (DD/MM/YYYY)

Time (AM/PM)

When did you report the injury/condition to your employer?

Date (DD/MM/YYYY)

What is the name and position of the person you reported the injury/condition to?

If you did not report the injury/condition, or there was a delay, please explain why

What are the names and daytime contact details of anyone who witnessed the incident?

Have you previously had another injury/condition or personal injury claim that relates to this injury/condition? Please give details, including claim number(s) and insurer details

Section 3: Worker's employment details

Name of organisation paying your wages when you were injured

Street address of your usual workplace

Suburb | State | Postcode

Name and daytime contact number of employer contact (your return to work coordinator or line manager)

What is your usual occupation? What do you do?

Which of the following apply to you? (Please tick all relevant boxes)

- ☐ Full-time
- ☐ Part-time
- ☐ Apprentice
- ☐ Volunteer
- ☐ Contract
- ☐ Trainee
- ☐ Agency worker
- ☐ Contractor
- ☐ Permanent
- ☐ Temporary
- ☐ Seasonal
- ☐ Jockey
- ☐ Casual
- ☐ Student
- ☐ Other

When did you start working for this employer? (DD/MM/YYYY)

Please indicate if any of the following apply to you:

A director of my employer's company	☐ Yes	☐ No
A partner in my employer's company	☐ Yes	☐ No
A sole trader	☐ Yes	☐ No
A relative of my employer	☐ Yes	☐ No

Did you have any other employment at the time you were injured? Please provide or attach the names of any other employers and their contact details, and any relevant wage or payment records

Section 4: Worker's primary earning details

For NSW, the *Calculating pre-injury average weekly earnings (PIAWE) form* should be completed. Please complete either the PIAWE form (if not already completed) or this section if you wish to claim for weekly payments as a result of your workplace injury.

How many standard hours did you work each week before being injured? *Exclude overtime*

Hours

What was your usual pre-tax hourly rate? * *Exclude overtime and shift allowances*

$

What were your usual pre-tax weekly earnings? * *Exclude overtime and shift allowances*

$

* Please provide copies of any recent payslips (if available)

Please provide details of any overtime or shift work

Weekly shift allowance $

Weekly overtime Hours $

Section 5: Treatment and return to work details

Who is your nominated treating doctor?

Name

Phone

Please provide the name, clinic or hospital, and contact details of any medical providers (including clinics or hospitals) that have treated your injury

If you have returned to work with your employer, what was the date? (DD/MM/YYYY)

What duties are you doing?

☐ Full ☐ Suitable/modified

How many hours are you working?

Have you returned to work with a new employer? Please provide the name and contact details of the new employer

If you have not returned to work, do you think that there are any issues that would delay or prevent you from returning to work?

When did/will you give your employer this claim form? (DD/MM/YYYY)

How did/will you give this claim form to your employer?

☐ Hand delivery ☐ By post

When did/will you give your employer the first State Insurance Regulatory Authority (SIRA) Certificate of Capacity?

Section 6: Authority to release medical information and worker's declaration

I have read the information provided in this form. I 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 claim or false and 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 SIRA or my insurer/claims agent, any information regarding the service relevant to the claim. I understand that my authority has effect for the duration of this claim.

This declaration must be signed

I authorise and consent to the collection, disclosure and use of any personal and health information in connection with an injury/condition to which the claim relates by SIRA, my employer or insurer/ claims agent to each other, or to any person who provides a medical service or hospital service to me in connection with an injury/condition to which this claim relates.

I understand that if this claim results in my 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.

Worker's signature

Date (DD/MM/YYYY)

Section 7: Employer details

When did the employer first receive the worker's completed claim form? (DD/MM/YYYY)

When did the employer first receive the worker's certificate? (DD/MM/YYYY)

Estimated cost of claim to date

$

How many days have been lost?

days hours

Employer's signature

Date (DD/MM/YYYY)

Name

Position

Telephone

Employer's policy number

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. The information may also be used 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 for the purpose of any complaint or enquiry made by you to any authority, including SIRA or the Workers Compensation Independent Review Office (WIRO), and 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.

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 of 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. You may request access to personal and health information about you collected by SIRA or insurers. You may also request the correction of any errors in the personal or health information held by icare or insurers.

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