QBE Insurance (Australia) Limited
ABN: 78 003 191 035

QBE Connect First Contact Notification

(Workers Compensation excluding QLD, SA & VIC)

NOTE: You will also need to complete a claim form and submit it to QBE if this notification is likely to give rise to a claim for compensation. Claim forms are available on our web site at: www.qbe.com.au/Australia/Useful-Resources/Claim-Forms
For assistance please call: +61 2 9375 4444 or see the Help section on our website.
Email form to: mywcclaim@qbe.com, or use the 'Submit Form' button

Please fill out the form below as complete as possible.

Injured worker details

First name*
Last name*
Gender* ◯ Male ◯ Female
D.O.B* dd/mm/yyyy
Home address*
Home number*
Suburb* State* Post Code*
Work number
Occupation*
Mobile
Worker's average earnings (last 12 months)*
Email
Award rate
Preferred language
Currently off work* ◯ Yes ◯ No
Do you expect more than 5 working days off for this injury?* ◯ Yes ◯ No ◯ Notification only (no lost time or medical costs)

Employer details

Business name*
QBE policy no.*
Business address*
Phone number*
Suburb* State* Post code*
Mobile
Contact name
Fax
Contact Number
Email
Cost centre
Wages to be reimbursed via wage reimbursment schedule?* ◯ Yes ◯ No

Medical and injury details

Date of injury* dd/mm/yyyy
Date notified employer* dd/mm/yyyy
How did the injury occur?*
Time of injury*
Address of injury*
Worker's condition*
Suburb* State* Post code*
Doctor / Hospital
Part(s) of body affected?*
Address
Suburb
Date of first medical treatment
State Post code
Time of treatment

Person Making Notification

First name
Last name
Contact number
Relationship

Save form | Submit form | Print form

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Note: You will be prompted to complete mandatory fields (highlighted in red) and confirm the sender details when you click on the 'Submit Form' button.