



# Workers Compensation – Employer's Claim

Under the Workers Compensation Act 1951 you must notify CGU Workers Compensation within 48 hours of being notified of the injury. If you have not notified CGU Workers Compensation of this injury, please contact our office immediately. Before completing this form, please read the notes on the back. Print in block letters and mark with a tick where appropriate

Policy no.	ABN	Claim no.	Department code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Employer details

Full name as per policy

Postal address  
 Postcode

Location address (specify no., street, suburb)  
 Postcode

Telephone no. (  ) Facsimile (  )

Workplace size (number of employees in the ACT)  Business activity or profession

Name and location where worker is employed (branch, depot etc.)  
 Postcode

Location number  Name of rehabilitation coordinator  Name of employer contact

## Worker's details

Given name(s)  Surname

Residential address  
 Postcode

Telephone no. (  ) Date of birth  /  /  Sex:  M  F

## Injury details

Where did the injury occur?  
 At work  During a break  Vehicle accident while working  
 Travelling to place of employment  Travelling from place of employment  
 Away from work during recess period

Date of injury	Time of injury	Date notice given to employer	Time notice given to employer	Date reported to CGU Workers Compensation	Time reported to CGU Workers Compensation
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am/pm	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am/pm	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> am/pm

If not reported to CGU Workers Compensation within 48 hours of notice of injury, employer is liable by operation of legislation for weekly compensation payments until injury was reported to CGU Workers Compensation.

To whom was the accident reported?  Place where injury occurred

Address where injury occurred  
 Postcode

## Injury details (cont'd)

Name and address of witnesses if any

	Postcode
	Postcode
	Postcode

How did the injury occur and what was the worker doing at the time? (eg. slipped while walking down stairs)


Describe the worker's injury or condition (eg. laceration, dermatitis)

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Which parts of the body were affected? (eg. upper left arm, right ankle)

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Give details of other circumstances which would assist the insurer to assess the claim.

eg. Do you query the validity of the claim? If so, why? If there is insufficient space, please attach a separate sheet.

In my opinion...

Details of previous injuries if known


## Employment information

What is the average over the last 12 months of the pre-incapacity weekly earnings? (including overtime, only where overtime worked was within a regular and established pattern and the worker would have continued to work overtime had the worker not been injured)

\$
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Standard hours worked per week

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Overtime hours worked per week

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Number of days worked per week

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Working pattern (e.g. 7:00 am to 3:30 pm Monday to Thursday, 7:00 am to 1:00 pm Friday)

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Full time

Self employed

Part time

Work experience

Permanent

Casual

Apprentice/Trainee

Volunteer

Occupation or trade (eg. cook, builders labourer)

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Main tasks performed by worker

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If not an employee, explain relationship (eg. contractor)

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Date employed

/	/
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Tick appropriate box which describes award the worker is employed under:

Federal Award

Registered Enterprise Agreement

Registered Industrial Agreement

State Award

No Award or Agreement applicable

Award or Agreement Title

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Workers Classification number

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Award Rate

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## Time lost particulars

Date worker ceased work 

/	/
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 Time 

	am/pm
--	-------

Has the worker resumed work? No  Yes  Date resumed work 

/	/
---	---

 Time 

	am/pm
--	-------

Exact time lost: Days 

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 Shifts 

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 Hours 

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## Rehabilitation

Has the worker resumed work under the guidelines of a Rehabilitation Program?

No  Yes

What Rehabilitation Program has been set down for an early return to work? Please give details.


Name of Rehabilitation provider

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## Employer's declaration

I, (print name and position)

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declare that the details above are true and correct in every particular.

I have read the "Collection, Use and Disclosure of Personal Information" section of this form and I consent to CGU Workers Compensation handling this personal information in the manner described in that section.

Signature of Employer or authorised person

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Date

/  /
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### NOTES

**Claims:** The employer shall give notice to CGU Workers Compensation ("insurer") of any personal injury within 48 hours of becoming aware that the employee has sustained an injury. If the notice is given orally, the employer must notify the insurer in writing within 3 days of the oral notification.

**Employer not to make admissions:** The employer shall not, without written authority of the insurer, incur any expense or litigation, or make payment settlement or admission of liability in respect of any injury to or claim made by any worker.

If the worker has not resumed work at the time of lodgement of this claim, the employer must notify the insurer immediately the worker returns to work.

Payments will be made to the employer unless special arrangements are made.

**Employers please note – this claim and any other documentation must be forwarded to CGU Workers Compensation within 7 days of receipt, in accordance with the Workers Compensation Act.**

### PRIVACY OF PERSONAL INFORMATION

CGU Workers Compensation and its related entities are committed to handling personal information in accordance with the Privacy Act.

#### Collection, Use and Disclosure of Personal Information

We need to collect, use, and disclose personal information in order for CGU Workers Compensation to assess your employees' claim. The Workers Compensation legislation authorises us to collect this information. You can choose not to provide us with the information requested, but this may affect our ability to assess the claim.

By providing the personal information to CGU Workers Compensation you acknowledge and consent that:

1. Where you provide personal information to us about another person, you are authorised to provide that information to us, and you will inform that person who we are, how we use and disclose their information, and they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual).
2. We can collect and use the personal information for the following purposes: To investigate, assess and pay the current and any subsequent claim; and to underwrite and price any policy issued by CGU Workers Compensation or its related entities.
3. For these purposes we can collect personal information from, and disclose it on a confidential basis to, the following: Our related entities; our distributors and agents; other insurers; government departments and agencies; law enforcement agencies; investigators; lawyers; assessors; medical providers; advisers; and any other party providing services to us and the agent of any of these.

#### Our Privacy Charter

Information on how CGU Workers Compensation handles personal information is explained in our Privacy Charter, which can be found on [www.cgu.com.au](http://www.cgu.com.au). Please go to the "Subsidiaries & Divisions" sections and click on CGU Workers Compensation for a copy.

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