

# Employer injury claim form



State Insurance  
Regulatory Authority

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## *Workers Compensation Act 1987*

Claimant name

Date of Injury

Claim number

If you are a licensed self-insurer, where you read “workers compensation insurer” and “Agent” also read “self-insurer” and “approved agent of a self-insurer.”

If you have a policy with a licensed specialised insurer, where you read “workers compensation insurer” and “Agent” also read “specialised insurer” and “approved agent of a specialised insurer”.

For help completing this form or for more information contact:

- your insurer, in the first instance
- SIRA Customer Service Centre on 13 10 50.

As the employer, you need to:

- notify your insurer within 48 hours of an injury, or in the case of serious incidents, notify SafeWork and your insurer immediately
- complete a claim form if your insurer has requested you provide one by answering all indicated questions
- sign the employer’s declaration on page 3 of this form
- attach a copy of the Certificate of Capacity to this form (if the worker’s doctor has provided one)
- keep a copy of all documents including a copy of this form for your records
- send this completed form, the completed Worker’s Injury Claim Form and any Certificate of Capacity to your insurer within seven days after receiving them from your worker - or you may be financially penalised
- make notification within five days after you become aware of the injury, otherwise an excess will apply
- continue to pay the worker weekly payments in accordance with the notice provided by your insurer
- participate with your insurer in developing an injury management plan
- provide suitable duties for your worker (unless not reasonably practical).

Getting your worker back to work:

- Talk with your worker about developing a return to work plan.
- Talk to their nominated treating doctor about the duties your worker has and what parts of their work (or other available duties) they could do, taking into account their injury.
- Talk to your insurer about the support available to help your worker return to work and overcome their injury/illness as quickly as possible.

Your worker’s responsibilities:

- To notify you that they have been injured at work as soon as possible and complete the injury register at the workplace.
- To see their nominated treating doctor who may provide a Certificate of Capacity.
- To give you the completed Worker’s Injury Claim Form and any Certificate of Capacity as soon as possible after being injured. If your worker or their representative has difficulty giving you their claim form or any Certificate of Capacity, or you refuse to take receipt of these documents, the worker has the right to lodge the claim directly with your insurer. The worker can also notify your insurer directly by telephone.
- To work with you to develop a return to work plan (if required).
- To comply with their injury management plan and return to work plan.

Please note that there are penalties for providing false or misleading information in relation to this claim.

Your insurer will write to you and advise you if provisional liability has been accepted or declined. This decision will be made within seven days of receiving notification of the injury. The acceptance of provisional liability by the insurer is not an admission of liability. Provisional liability allows an insurer to make early payments for wages and medical expenses to the worker.

Where a claim is ‘made’ by your worker, your insurer will advise you if liability has been accepted or declined within 21 days.

To find out more about the process of making a claim, your return to work obligations as an employer and how you can assist your worker return to work, or help with completing this form, contact SIRA on 13 10 50.

Further information is also available on our website [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au).

Please indicate in which State you want to lodge this claim:

New South Wales

Queensland

Victoria

## Section 1: Employer's details

Legal name

Trading name

Employer's scheme registration number  
(eg Policy or Employer Registration Number)

Employer's reference number (your reference)

### *This question is required for NSW claims*

Policy period of insurance (DD/MM/YYYY)

to

Street address

Suburb

State

Postcode

Postal address

Suburb

State

Postcode

ABN

ACN/ARBN

Division

Cost Centre

What is the main business activity at the incident site?

Name, position, and daytime contact number of employer contact

Name and daytime contact number of the return to work coordinator (if any)

*Employer's details continued over...*

Address for correspondence relating to this claim  
Postal address

Suburb

State

Postcode

Employer contact email address

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

When did you receive the worker's completed  
medical certificate? (DD/MM/YYYY)

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

## Section 2: Worker's details

Family name

Given names

Street address

Suburb

State

Postcode

Daytime contact phone number/s?

Mobile

Phone

Home

Date of birth (DD/MM/YYYY)

Gender

Male

Female

## Section 3: Worker's employment details

Street address of the worker's usual workplace

Suburb

State

Postcode

*This question is required for NSW claims*

How many workers are employed at this workplace?

*This question is required for Victorian claims*

Workplace number for worker's usual workplace

*Worker's employment details continued over...*

If the incident did NOT happen at one of your workplaces, please give the name of the employer responsible for the workplace

Employer's name

What is the worker's usual occupation?

What are the main tasks performed by the worker in their usual occupation?

Which of the following apply to the worker? (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 this worker start working for you? (DD/MM/YYYY)

***These questions are required for QLD claims***

Is the worker employed under any of the following?

Federal award	State award	Registered industrial agreement
No agreement or award	WCA JobCover Program	Registered enterprise agreement

What is the title of the award or agreement?

What is the worker's minimum weekly wage? \$  
(As specified by the award or agreement)

## Section 4: Worker's return to work details

If the worker has returned to work, please provide the date (DD/MM/YYYY)

What duties are they doing?

Full                      Suitable/Modified

How many hours do they work each week?	hrs	How many days have been lost?	days	hrs
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Date claim form forwarded to Agent (DD/MM/YYYY)	Estimated cost of claim to date	\$
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Have you provided the worker with a return to work plan, taking into account their injury/condition? Please attach a copy of the return to work plan or agreement, or please explain why you have not provided a plan.

If the worker has not returned to work, do you know of any issues that would delay or prevent a return to work?

## Section 5: Claim confirmation details

Do you agree that the details provided in sections 2 & 4 of the Worker's Injury? Yes No

Claim Form are correct? Yes No

Do you accept that your worker has an injury/condition which is work-related and occurred while in your employment? Yes No

**Note:** If you agree the injury is work-related, and believe that the details provided in sections 2 & 4 of the Worker's Injury Claim Form are correct, you do not need to complete the remainder of this form except for section 9, which must be completed. Otherwise, please complete any relevant questions in sections 6, 7 and 8 of this Report.

## Section 6: Worker's earning details

For NSW, the 'Calculating pre-injury average weekly earnings' form (PIAWE) form should be completed. Please complete either the PIAWE form or (if not already completed), this section if you wish to claim weekly payments for an injured worker.

How many ordinary hours did the worker work each week before being injured? (Exclude overtime) hrs

What was the worker's usual gross hourly rate? (Exclude overtime and shift allowances)

What was the worker's usual gross weekly earnings? \$ (Exclude overtime and shift allowances)

Please provide details of any overtime or shift work

Average weekly overtime hrs \$

Weekly shift allowance \$

Please provide payroll records covering the 12 months prior to injury.

## Section 7: Incident details

What is the worker's injury/condition, and which parts of the body are affected?

What happened and how was the worker injured?

What is the street address where the incident occurred?

Street address

Suburb

State

Postcode

*Incident details continued over...*

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

AM

PM

What date and time did the worker first cease work?

AM

PM

Which of the following incident circumstances apply?

While working at your usual workplace

While working away from your usual workplace

During a meal-break or authorised recess at work

While away from work during a recess

Travelling to or from work\*

A motor vehicle accident while you were working\*

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

If the injury was the result of driving or using a motor vehicle or the use of public transport, please provide the registration number/s of any vehicles involved

Registration number/s of involved vehicles

State

Has the worker had a similar injury/condition or personal injury claim before that relates to this injury/condition? Please give details, including claim numbers

When did the worker report the injury to you? (DD/MM/YYYY)

Who was the injury reported to?

What are the names and daytime contact details of any witnesses?

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

## Additional information

Do you want to provide any additional information that may assist in the determination of liability or the management of this claim? (eg – do you dispute liability, and, if so, why?)

## Section 8: Employer's declaration

I have read the information provided in this form. I declare that the information I have supplied in this form, and any attachment to this form, is true and correct and that no information has been suppressed or omitted from this report to the best of my knowledge. I understand that the making of a false or misleading statement concerning a claim is punishable by law and that I may be prosecuted.

Name

Position

Signature of employer's representative

Date (DD/MM/YYYY)

## Information for employers and return to work coordinators

### Returning your injured workers back to work

- If your worker has any capacity for work, a return to work plan must be developed.
- The return to work plan should be regularly reviewed and updated as your injured worker's condition changes – as a guide, the plan should be reviewed at least monthly in consultation with your injured worker and their nominated treating doctor.
- If you need assistance with return to work and identifying suitable employment, contact your insurer immediately. Steps to facilitate the return to work will include discussing return to work options with the worker's nominated treating doctor and may include assistance from workplace rehabilitation providers, modifying the worker's duties or hours, providing special equipment.
- The return to work plan should be signed by all parties to indicate their agreement and copies provided to them.

### Further information

- Return to work plans and general information can be downloaded from [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au)
- Contact your insurer for further advice regarding return to work planning and preparation.

### RTW publications, forms and information sheets available on the website

- Guidelines for claiming workers compensation
- Workers compensation guide for employers – when a worker is injured
- Injured at work – a recovery at work guide for workers
- A quick guide to workers compensation – information for workers.

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