

Workers Compensation Act 1987 Initial Notification of Injury

Claim no.

Policy no.

**This form is to be used when a worker suffers a workplace injury or illness where workers compensation is or may be payable. Notify your Agent within 48 hours.
Notify injuries without delay, even if all the information is not known.
Please complete this form in BLOCK letters and use a black pen.**

1. Worker's details

Family name

Given names

Date of birth

Sex Male Female

Address

Postcode

Work telephone no.

Mobile

Home telephone no.

2. Employer's details

Company name

Location of business premises

Postcode

Name of workplace contact, if known (eg. name of return to work coordinator)

Telephone no.

3. Injury details

Description of incident (eg. slipped from ladder while painting the ceiling)

Description of injury (eg. concussion and broken right arm)

3. Injury details cont.

Date of injury

Has the injured worker returned to work

Yes If Yes, state date returned

No If No, estimate date of return

Don't know

4. Treating doctor's details

Doctor's name

Hospital name (if worker is hospitalised)

Telephone No.

5. Notifier's details

Name

Relationship to worker or employer

Address

Postcode

Work telephone no.

Mobile no.

Home telephone no.

When completed fax to:
Sydney Centre: 1300 666 406
Wollongong Centre: (02) 4226 5937
Tamworth: (02) 6767 2381
Newcastle: (02) 4907 5299

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