



# Quick Reference Guide

## Online Initial Injury Notification – Customers

This guide is designed to assist you in using CGU's new Initial Notification of Injury system.

If you would like a more detailed user guide you can download this from [cgu.com.au/workerscompensation](http://cgu.com.au/workerscompensation) – just look for the Injury Notification in the .Live section. Here you can also access our online training module.

## Using Online Notification

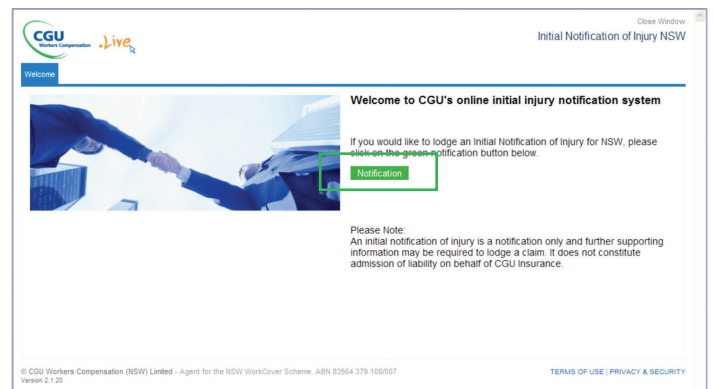
Please note any field marked with an \* in the Initial Notification of Injury application is mandatory.

1. Access the CGU website **www.cgu.com.au**
2. Click on the “Workers Compensation” heading. A pop up box may appear with questions relating to your location, please complete.

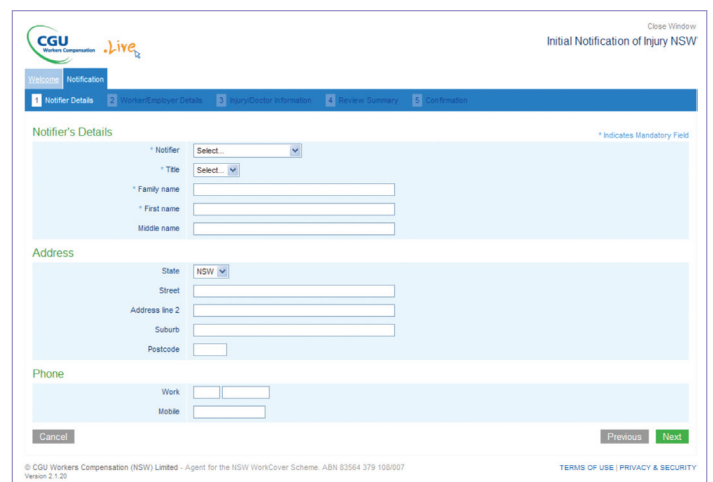


3. Scroll down the page to find the WC.Live online tools section.
4. Click on the “Notify us of an Injury” link.

5. You will then be taken to the INI welcome page. Click on the **green** “Notification” button



6. A page with 5 tabs will open.



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7. Enter the details required on the Notifier, Employer and Worker and Injury pages. When all details have been entered on each page, click on the “Next” button at the bottom of the page to move to the next screen.
8. Page 4 is the Review Summary page, please check all details are correct.

CGU Initial Notification of Injury NSW

Notifier Details

Notifier	Employer	Work	029998888
Name	Mr John Worker	Mobile	
Address	123 Home Street SYDNEY NSW 2000	Home	

Worker Details

Name	Mr John Worker	Interpreter required	No
Date of birth	11/02/1976	Work	029998888
Gender	Male	Mobile	
Address	123 Home Street SYDNEY NSW 2000	Home	
		Email address	

Employment Details

Occupation	Supply and Distribution Managers
Hours worked per week	30
Pre-tax weekly earnings	1200

Employer Details

Policy number @	Name of workplace contact, if known	
Company name	Phone	029998888
Trading name	Mobile	
Address	Email address	
123 Home Street SYDNEY NSW 2000		

Injury Details

Description of incident	Slip and fall.
Description of injury	Injured back
Accident Location	Normal Workplace
Date of injury	11/02/2011 10:10
Date Employer notified of the injury	11/02/2011
Time lost	Yes
Date ceased work	11/02/2011
Has the injured worker returned to work?	Yes
Date of return	12/02/2011
Did the worker return to	Pre Injury Duties

Treating Doctor Details

Doctor's name	Dr. Smith
Hospital name (if worker hospitalised)	
Phone	029888777

Treatment Details

What treatment is the worker undergoing?	None
Has treatment ceased?	Yes
Additional information	

For Security Purposes We Require You To Enter A Security Code

Security Code	f3apged
Enter above security code	

Please review all details carefully before submitting this Initial Notification of Injury.

Cancel Print Notification Previous Submit

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9. If you click on the “Previous” button you can return to each page and amend if required.

Or you can click the “Print this Notification” button to view a PDF of the details.

10. Once all the details are correct you are required to enter the security code flashed on the screen in the provided field.
11. Once all details are correct, click on the green “Submit” button. This will take you to the final screen.
12. The confirmation page is where you will be provided with a reference/claim number.

13. Click on the “Print this Notification” button to create a PDF of your review summary and reference number. You can then save, print or email this file.
14. If you have another notification to submit, click on the “Enter a New Notification” button.
15. If you have finished click on the green “Close Window” button to exit the Initial Notification of Injury application.



**NOTE:** After you have submitted a notification to CGU, you must not use the BACK button on your internet browser. This will cause a duplicate notification to be submitted to CGU.

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