

injured person lodgement

Once completed, please send your form to:

Mail: EML, GPO Box 4143, Sydney NSW 2000 | **Email:** newclaims@eml.com.au | **Fax:** 02 8251 9495

Who is submitting the injury notification form?

Injured person

Injured person's first name

Injured person's last name

Best contact number

Injured person's email

Injured person's date of birth (DD/MM/YYYY)

Injured person's gender

Male

Female

Injured person's residential address (eg. 123 Example St, Sydney, NSW 2000)

If postal address is not the same as the residential address, please provide the injured person's postal address

Injured person's postal address (eg. 123 Example St, Sydney, NSW 2000)

Does the injured person require an interpreter?

Yes

No

If yes, what is the preferred language?

Tell us about the injury

What was the date of the injury? (DD/MM/YYYY)

What was the time of the injury? (HH:MM)

On what date was the injury reported to the employer? (DD/MM/YYYY)

Name of person the injury was reported to

Did the injury occur whilst performing normal work activities?

Yes

No

Tell us briefly about the injury how the injury occurred

Does the injured person have multiple injuries?

Yes

No

Which general area of the body has been injured? If the injured person has multiple injuries, please indicate the most significant injury in this section.

Where specifically is the injury?

What is the type of injury? An injury type could be a cut, a broken bone, anxiety, depression or other.

Is the injured person currently admitted to hospital due to their injury? Yes No

Is medical treatment required? Yes No

Does the injured person feel in control of their pain and/or recovery? Yes No

Has the injured person had time off work because of the injury? Yes No

If so, what date did the injured person stop work? (DD/MM/YYYY)

Has the injured person returned to work? Yes No

If the injured person remains off work, how long do you anticipate the injured person being off work?

0-2 weeks

2-4 weeks

4+ weeks

Uncertain

Will the injured person be able to use their normal mode of transport to and from work? Yes No

Please tell us more about this

Does the injured person have support at work and in their home life? Yes No

Does the injured person have any additional health conditions? Yes No

Does the injured person have any additional health conditions we need to be aware of?

Injured person's work details

Employer's company or business name

What is the employer's ABN?

Employer's address

Employer's contact name

Employer's best contact number

Employer's email

What is the injured person's occupation?

If the injured person had time off work, what is the injured person's average weekly wage?

If the injured person had time off work, what are the average number of hours worked per week?

Injured person's bank details *(Please provide details in case of reimbursement)*

Account name BSB Account number

Supporting documents

Please attach additional documents to support your injury notification.

Certificate of capacity (e.g. Medical certificate)

Medical details (e.g. Medical related invoices or receipts, reports, scans)

Wage details (e.g. Wage summary, pay slips, pre-injury average weekly earnings (PIAWE) form,
wage reimbursement schedule.)

Other types of documents e.g. Return to work plan

I agree with the Privacy Policy. To view the Privacy Policy online, please go to:

<https://www.icare.nsw.gov.au/privacy/your-privacy>

Injured person's signature

Date (DD/MM/YYYY)

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