

employer / third party representative 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

NOTIFY US OF AN INJURY

KEY LODGEMENT INFORMATION *(This is the minimum information we require to lodge your claim)*

This lodgement form comprises of two sections:

1. Key lodgement information
 - This is the minimum information required for lodgement
2. Additional lodgement information
 - This is additional information which may assist with faster processing of your lodgement

Tell us about yourself

Who is submitting the injury notification form?

Employer Third party representative

What is the notifier's relationship with the injured person?

Notifier's first name

Notifier's last name

Best contact number

Notifier's email

Employer's company or business name

Tell us about the injured person

Injured person's first name

Injured person's last name

Injured person's gender

Male

Female

Injured person's best contact number

Injured person's email

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

Date the injury was reported to employer (DD/MM/YYYY)

Time of the injury (HH:MM)

Does the injured person have multiple injuries?	Yes	No
Tell us briefly about how the injury occurred		
Is medical treatment required?	Yes	No
Is the injured person currently admitted to hospital due to their injury?	Yes	No
Did the injury occur whilst performing normal work activities?	Yes	No
Are there any concerns with how the injury occurred?	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

ADDITIONAL LODGEMENT INFORMATION *(This additional information may assist in faster processing)*

Employers details

What is the employer's worker's compensation policy number? What is the employer's ABN?

Injured person's details

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

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
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If so, what is the preferred language?

Injury details

Which general area of the body has been injured?

If the injured person has multiple injuries, please tell us about 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

Injured person's work details

What was the injured person's commencement date of employment? What is the injured person's occupation?

Is the employer able to provide suitable work for the injured person?	Yes	No	
Are there any factors affecting the injured person returning to work?	Yes	No	
Is the injured person motivated to participate in activities to help them return to work?	Yes	No	Unsure

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

0-2 weeks	2-4 weeks
4+ weeks	Uncertain

Injured person's wage details

What is the injured person's average weekly wage?
(excluding shift allowances and overtime earnings)

What are the ordinary number of hours worked per week?
(excluding overtime hours)

Employment type?

Full time	Part time	Casual
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On which days does the injured person usually work?

Monday	Tuesday	Wednesday	Thursday	Friday
Saturday	Sunday			

Does this include shift or overtime work? Yes No

If so, what is the average shift allowance per week?

Has the injured person taken any leave in the last 52 weeks?

Annual leave	Unpaid leave	Other paid leave (eg. sick leave, carer's leave, long service leave)
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Does the injured person receive any of the following allowances?

Motor vehicle	Health insurance	Accommodation	Education fees	Other
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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 online, please go to:

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

Notifier signature

Date (DD/MM/YYYY)

Notifier's name

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