



Workers Compensation – Employee's Claim Form

In order for your Employer or CGU Workers Compensation to access or otherwise deal with your claim we need to collect personal information, including health related information. The information will be kept confidential and will only be used and disclosed for purposes related to managing and assessing your claim. Further details on our Privacy Charter and how we deal with personal information, including access to your information, is available by calling 1300 666 506.

1. Employer details

To: (Full name of employer)

While employed by you I had an injury as described below and I wish to claim compensation under the Workers' Compensation Act.

2. About you

Given names

Surname

Home address

Postal address (if different)

Postcode

Postcode

Home telephone no.

Mobile no.

Work telephone no.

Language spoken at home

Country of birth

Date of Birth

Sex:

Male ☐ or Female ☐

Interpreter required?

No ☐ Yes ☐

Marital Status

Single ☐ Married/Defacto ☐

Is spouse/defacto working?

No ☐ Yes ☐

Occupation and trade

Do you have other employment?

No ☐ Yes ☐ Full-time ☐ Part-time ☐

Full name of employer

Address of employer

Postcode

Telephone no.

3. Dependants details

Please provide details of people who are totally or mainly dependant upon you for support

Name	Relationship	Date of birth
		/ /
		/ /
		/ /
		/ /

4. Injury details

Where did the injury occur?

At work ☐ During a break ☐ Vehicle accident while working ☐ Travelling to place of employment ☐

Travelling from place of employment ☐ Away from work during recess period ☐

Other ☐ Give details

4. Injury details (cont'd)

The exact location where the injury happened

Date or time it happened/you first noticed the injury

 /

am/pm

Date or time you stopped work

 /

am/pm

Date or time you reported it

 /

am/pm

Name of person you reported it to:

5. Witnesses

Name

Address

Postcode

Name

Address

Postcode

6. Incident details

What happened?

Type of injury and part of your body affected

Hospital or doctor that is treating you

Date first sought medical treatment

 /

7. Other work related injuries

Have you previously suffered any similar injury/disease injury before?

No ☐

Yes ☐

Describe injury/disease and the parts of the body affected. Give approximate dates.

What is the name of the doctor, medical practice or hospital who treated you at the time?

Have you ever claimed for the injury/disease described?

No ☐

Yes ☐

What is the approximate date(s) of the claim(s).

Who was the claim with?

Who were you working with at the time?

8. Journey injury

Complete only if the injury occurred away from your employer's premises or while you were on a journey to from work or a motor vehicle was involved.

Mode of transport at the time of the accident (eg. car, bus, etc)

Journey to work ☐

Journey from work ☐

Journey to or from trade school ☐

Journey during a recess period ☐

Other ☐ Please provide details:

What time did you leave?

What time did you expect to arrive?

 am/pm am/pm

If you deviated from your normal journey or if there was an interruption to the journey please explain why.

8. Journey injury (cont'd)

Were you under the influence of alcohol or other drugs?

No ☐ Yes ☐ Provide details

Was the injury sustained outside the boundary of the land on which your workplace/home is situated?

No ☐ Yes ☐

9. Vehicle accident details

Driver ☐ Passenger ☐ Pedestrian ☐ Other ☐

Please provide details of vehicles involved including registration number, name and address of driver

If a motor vehicle accident, has a Compulsory Third Party claim been made?

No ☐ Yes ☐

Was the accident reported to the police?

No ☐ Yes ☐ Name and police station of police officer or name of person reported to

Diagram of accident

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10. Employee declaration

I

declare the above statements and particulars are true and correct and that whilst I am in receipt of weekly payments of compensation I am obliged to notify the insurer immediately if I commence employment with some other person, commence my own business or incur any change in my employment that effects my earnings or earning capacity. I am aware that it is an offence to do so.

I have read the "Collection, use and disclosure of personal information" section of this form and I consent to CGU Workers Compensation handling my personal information in the manner described in that section.

I hereby authorise any medical practitioner, rehabilitation provider or other authority to provide the insurer with any and all information regarding my medical and or factual history in respect of the injury sustained.

A photocopy of this authority shall be as valid as the original.

Please forward completed form to your employer.

Have you attached your medical certificate?

No ☐ We cannot process your Claim without the medical certificate.

Yes ☐

Signature of employee

Date

Signature of Employer

Date

Date employer received claim

11. Collection, use and disclosure of personal information

CGU Workers Compensation are committed to handling your personal information in accordance with the Privacy Act.

We need to collect, use and disclose your personal information in order for CGU Workers Compensation to assess your claim. The Workers Compensation legislation authorises us to collect this information. You can choose not to provide us with this information requested but this may affect our ability to assess your claim.

By providing your personal information to CGU Workers Compensation you acknowledge and consent that:

1. We can collect and use your personal information for the following purposes: To assess your current and any subsequent claim; underwrite and price any policy issued by any company in the Insurance Australia Group; and to investigate, assess and pay any claim.
2. For these purposes we can collect your personal information from, and disclose it on a confidential basis to the following: our related entities; your employer; our distributors and agents; other insurers; government departments and agencies; law enforcement agencies; investigators; lawyers; assessors; medical providers; advisers; and any other party providing services to us; and the agent of any of these.
3. You represent that: Where you provide personal information to us about another person, you are authorised to provide that information to us, and that you will inform that person who we are, how we use and disclose their information, and that they can gain access to that information (unless doing so would pose a serious threat to the life or health of any individual).

Our Privacy Charter

Information on how CGU Workers Compensation handles personal information is explained in our Privacy Charter, which can be found on www.cgu.com.au. Please go to the "Subsidiaries & Divisions" sections and click on CGU Workers Compensation for a copy.