

GIO WORKERS COMPENSATION – TASMANIA

REGISTER OF INJURIES

Section 1 injured worker details

Family name	<input type="text"/>	Given name	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Age	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Marital status	<input type="text"/>
Occupation	<input type="text"/>	Cost centre/dept	<input type="text"/>

Section 2 accident details

Date of injury	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time of injury	<input type="text"/>	am/pm
Place/site of accident	<input type="text"/>	Cause of injury	<input type="text"/>	
Nature of injury	<input type="text"/>	Bodily location	<input type="text"/>	

Incident/accident description

First aid/medical treatment

Ceased work?

No

Yes

Date

 / /

Time

am/pm

Comments

Name of person entering details

Signature

Date

 / / 

Section 3 administrative details/follow up action

Workers Compensation claim lodged? No Yes Date

Return to work co-ordinator notified? No Yes Date

Expected date of return to duties

Alternate duties

Accident investigation carried out? No Yes Person carrying out investigation

Date

Action taken to prevent same/similar injury happening again

Incident notification report made to Workplace Standards Authority (if applicable) No Yes

Comments

Signature Date

Name Position

KNOW NOW

<p>How to return this form</p> <ul style="list-style-type: none">• Email: wclaimstas@gio.com.au• Fax: 1300 725 847• Post: TAS Claims, GPO Box 1136, Hobart, TAS 7001	<p>How to contact us</p> <ul style="list-style-type: none">• Phone: 13 10 10• Web: gio.com.au
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Who we are

Insurance issued by AAI Limited ABN 48 005 297 807 trading as GIO.