

GIO WORKERS COMPENSATION – TASMANIA

INITIAL NOTIFICATION OF INJURY

This form may be used to notify GIO of a workplace injury or illness. Please notify GIO of any injury as soon as possible even if all of the information is not known.

Tasmanian employers are legally required to notify GIO within 3 working days after becoming aware that a worker has sustained a workplace injury that results in, or is likely to result in, incapacity for work.

Note:

1. This is not a claim form. Completion and submission of claim forms are still required if a claim is being lodged by an injured worker.
2. The employer is still required to maintain a Register of Injuries in the workplace.

Employer/notifier details

Policy number	<input type="text"/>		
Name of employer (as appears on policy)	<input type="text"/>		
ABN	<input type="text"/>	Cost centre (if applicable)	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Date of notification to employer	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time of notification	<input type="text"/>
Name of person making notification	<input type="text"/>		
Workplace contact name (if different to notifier)	<input type="text"/>		
Telephone number	<input type="text"/> () <input type="text"/>	Fax number	<input type="text"/> () <input type="text"/>
Email address	<input type="text"/>		

Injured worker details

Name of injured worker	<input type="text"/>		
Title	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Occupation	<input type="text"/>	Employment type:	Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/>
Residential Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Home phone	<input type="text"/> () <input type="text"/>	Mobile phone	<input type="text"/>

Injury details

Date of injury Time of injury

Address/location where injury occurred

Brief description of incident

Nature of injury (eg: laceration, anxiety attack)

Body part/s affected (eg: lower back, left ankle)

If time lost, date ceased work Time ceased work Date of return to work (if applicable)

Current work fitness: Unfit Pre-injury duties Suitable duties

Treatment details

Has the worker received medical treatment? Yes No

Doctor/hospital name (include address if known)

Telephone number Fax number

Notifier's signature Date

KNOW NOW



How to return this form

- Email: wclaimstas@gio.com.au
- Fax: 1300 725 847
- Post: TAS Claims, GPO Box 1136, Hobart, TAS 7001

How to contact us

- Phone: **13 10 10**
- Web: **gio.com.au**

Who we are

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