

NOTIFICATION OF INJURY/ILLNESS

- Incident only
- Treatment only
- Time lost from work

To lodge a new claim:

Email to wclaimsnsw@gio.com.au or fax documents to **1300 733 677**

Injured worker details

First Name	<input type="text"/>		
Surname	<input type="text"/>		
Claim no.	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Occupation	<input type="text"/>	Gender	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Home phone no.	(<input type="text"/>) <input type="text"/>	Mobile no.	<input type="text"/>
Email	<input type="text"/>		

Injury details

Date of injury	<input type="text"/> / <input type="text"/> / <input type="text"/>	Time of Injury:	<input type="text"/>	Date ceased work	<input type="text"/> / <input type="text"/> / <input type="text"/>
Has employee returned to pre-injury duties?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Returned on suitable duties (full hrs)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Returned on suitable duties (reduced hrs)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Is employee still unfit for work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Anticipated return date:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nature of injury/illness:	<input type="text"/>				
	<input type="text"/>				

Describe how the injury/illness happened:

<input type="text"/>
<input type="text"/>

Address where injury/illness occurred:

<input type="text"/>					
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>



Treatment details

Doctor's Name or Hospital

Address
Suburb State Postcode

Phone no. () Fax no. ()

PIAWE details (pre-injury average weekly earnings) – if notification only details not required

Date employed / /

Employment type: Full time Part time Casual Other

Wage information

Ordinary hours worked per week:

Ordinary gross earnings per week: \$

Ordinary gross hourly rate \$

Are any of the following paid on top of the ordinary gross earnings?

Please provide value of the payments for the 52 weeks prior to the date of injury.

Overtime \$

Shift allowance \$

Commission \$

Piece rates \$

Has there been any change in working hours/rates in the 52 weeks prior to the injury? (This could include promotion, reduction in working hours etc.)

Yes No

Brief description of change and date:

Leave

In the 52 weeks prior to the date of injury was any leave taken?

Yes No

Paid annual leave (weeks)

Paid other leave (weeks)

Unpaid leave (weeks)

Non-pecuniary benefits:

Were any of the following non-pecuniary benefits received as part of pay? Please state the monetary value of the non-pecuniary benefits, including the Fringe Benefits Tax value, in the 52 weeks prior to the date of injury.

	Monetary value of non-pecuniary benefits (\$)	Date
Use of motor vehicle: \$	\$ <input type="text"/>	/ / <input type="text"/>
Residential Accommodation: \$	\$ <input type="text"/>	/ / <input type="text"/>
Health Insurance: \$	\$ <input type="text"/>	/ / <input type="text"/>
Education Fees: \$	\$ <input type="text"/>	/ / <input type="text"/>

Wage information

Will the worker be retaining use of any of these non-pecuniary benefits while they are unable to work?

Yes No

If yes, please list each item:

Employer comments

Policy no.

Business name (as per policy)

Address

Suburb State Postcode

Phone no. () Employer fax no. ()

Employer contact

Contact phone no. () Email

Date employee notified employer of injury/illness: / /

Cost Centre

Cost Centre 2

Notifier's relationship to Worker/Employer:

Name of person making notification:

Phone number of person completing form: ()

Address of notifier

Suburb State Postcode

Employer Signature Date / /

Please print name