

NOTIFICATION OF INJURY/ILLNESS

☐ Incident only

☐ Treatment only

☐ Time lost from work

To lodge a new claim:
Email to **wcclaimsnsw@gio.com.au** or fax documents to **1300 733 677**

Injured worker details

First Name

Surname

Claim no.

Date of birth

/

/

Occupation

Gender

Address

Suburb

State

Postcode

Home phone no.

()

Mobile no.

Email

Injury details

Date of injury

/

/

Time of Injury:

Date ceased work

/

/

Has employee returned to pre-injury duties?

Yes

☐

No

☐

Date

/

/

Returned on suitable duties (full hrs)?

Yes

☐

No

☐

Date

/

/

Returned on suitable duties (reduced hrs)?

Yes

☐

No

☐

Date

/

/

Is employee still unfit for work?

Yes

☐

No

☐

Anticipated return date:

/

/

Nature of injury/illness:

Describe how the injury/illness happened:

Address where injury/illness occurred:

Suburb

State

Postcode



Treatment details

Doctor's Nameor Hospital

Address

Suburb

State

Postcode

Phone no.

()

Fax no.

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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

\$

Commission

\$

Shift allowance

\$

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: \$	\$	/ /
Residential Accommodation: \$	\$	/ /
Health Insurance: \$	\$	/ /
Education Fees: \$	\$	/ /

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.

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Employer fax no.

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Employer contact

Contact phone no.

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Email

Date employee notified employer of injury/llness:

/

/

Cost Centre

Cost Centre 2

Notifier's relationship to Worker/Employer:

Name of person making notification:

Phone number of person completing form:

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Address of notifier

Suburb

State

Postcode

Employer Signature

Date

/

/

Please print name