



Workers Compensation Claim Form

1. Worker's Details:

- Family Name: _____
- Given Name: _____
- Other known names or previous legal name: _____
- Position Title: _____
- Date of Birth: _____
- Gender: Male:
- Female:
- Residential Address:

-
-
- Postal Address (write "above" if same as residential address)

-
-
- Daytime contact number:
Email Address:
Your preferred contact method:
If you require an interpreter, what language do you need:

2. Would you like to report this claim form as

- Record purpose only claim
- Time lost claim
- Medical expenses only claim

(please provide relevant document. e.g. Receipt for doctor's consultation fee or physiotherapy)

3. Detail about injury or other issues

List all conditions that you are claiming compensation for including physical injury (e.g. broken arms or legs, hearing loss, lower back spine strain) and mental health issue (e.g. depression, insomnia)

- Has the same claim for a worker's compensation in Victoria previously been achieved for any of the conditions above? If Yes, please provide details including the claim numbers, location where it happened (If known)

- Did the injury occur on a particular date or over a period?

Indicate which of the circumstances applied when the condition occurred:

- I was working at my usual workplace
- I was working away from my usual workplace
- I was on a meal-break or authorised leave
- I was travelling to or from work

- Please provide further details on how this conditions occurred:

- Is there any third party in any way responsible in your condition? (e.g. supplier or contractor)

- Is there any third party you or the other party that has involved in your condition made contact with to resolve your condition? (e.g. police, medical professionals)

- If there is any treatment you had received, please provide details including but not limited to the name and contact number of the third party that helped to resolve or mitigate our conditions:

- Do you have any previous similar injuries or conditions that has the same impact on your physical or mental status? If yes, please provide details as much as possible.

4. Worker's employment detail

- Name of the person / Organisation who paid the worker:

- Address of the worker's employer

- The worker's contract type (e.g. Full-time, Part-time, Casual, Contract, Temporary, Volunteers, Agency worker)

- When did the worker start to work for the employer?

5. Declaration

I have carefully read the information provided in this form and provide relevant details. I acknowledge that any information I have supplied or attached to this form is true and correct. I understand any false or misleading information support my claim is a punishable by law and could lead to prosecution.

Signature:

--

Date:

--

6. Employer Lodgement Detail

- Date that employer received this claim form:

- Employer's signature

- Date: _____
- Name: _____
- Position: _____
- Contact number: _____
- Email Address: _____