

report a fatality or make a fatality claim

This form is to notify that a worker has passed away from an incident that occurred at work, or a worker has passed away and it may be related to work.

Fields marked with an * need to be completed for your form to be submitted. Provide as much information as you can to help the Case Management Specialist assist you faster.

Once completed, please send your form to:

Mail: EML, GPO Box 4143, Sydney NSW 2000 | **Email:** newclaims@eml.com.au | **Fax:** 02 8251 9495

Notifier details

Relationship to worker

employer

employers representative

next of kin

next of kin's representative

medical practitioner or other health professional

other

First name

Last name*

Street address*

Suburb/City*

Postcode*

State*

Primary contact number *

Secondary contact number

Email address

Any other information or comments

A Case Management Specialist will contact you within two business days to discuss this notification.

Employer policy details

Workers compensation policy number

Business name

ABN

Employer's email

Worker Details (deceased person)

First name*

Last name*

Gender*

Male

Female

Date of birth*

Street address*

Suburb/City*

Postcode*

State*

Incident details

Date of incident*

Date employer was notified*

Where did the incident occur?*

at work - working at normal workplace or base of operations

at work - meal break

at work - road traffic accident

away from work

at work - working away from normal place of work or base of operations

away from work during recess period

Provide details of the circumstances and cause of death (if known)

Next of kin details

Relationship to deceased

Spouse/partner

Son/daughter

Parent

Solicitor

Other

First name

Last name

Street address

Suburb/City

Postcode

State

Contact number

Email address

Translator required?

No

Yes

If yes, what is the preferred language?

Contact to be made

by phone

by email

Contact to be made

within 48 hours of notification

within 5 days of notification

within 10 days of notification

please contact alternate contact

other

Alternate contact for next of kin

I agree with the Privacy Policy. Click on the link below to view the Privacy Policy online.

<https://www.icare.nsw.gov.au/privacy/your-privacy>

Notifier signature

Date (DD/MM/YYYY)

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