



# Checklist for lodgement of a Workers Insurance claim

## Pre-Lodgement

Initial steps post injury	Yes	No	Details
Have you consulted with the injured worker?			Making immediate verbal contact
Has first aid been applied to the injured worker?			Coordinate treatment/injury support
If injury is considered 'serious' or 'dangerous' or resulted in death, have you reported incident to SafeWork			Contact SafeWork 13 10 50
Have you recorded in Register of Injuries			Complete register
Have you reported incident/claim to insurer			Report within 48 hours

## Lodgement

Policy Information	Yes	No	Details
Do you know your Workers Insurance Policy Number?			If you don't know your policy number, your ABN can also be used to locate your policy number <a href="https://employerlookup.icare.nsw.gov.au/">https://employerlookup.icare.nsw.gov.au/</a>
Do know who your claims service provider is?			Claims can be lodged via multiple channels and these channels are currently dependant on who your claims service provider is. <a href="https://www.icare.nsw.gov.au/employers/make-a-claim/notify-us-of-an-injury-or-make-a-claim/">https://www.icare.nsw.gov.au/employers/make-a-claim/notify-us-of-an-injury-or-make-a-claim/</a>
Worker details			
<ul style="list-style-type: none"> <li><b>Name</b></li> </ul>			Mandatory information in <b>bold</b>
<ul style="list-style-type: none"> <li><b>Address</b></li> </ul>			
<ul style="list-style-type: none"> <li><b>Phone Number</b></li> </ul>			
<ul style="list-style-type: none"> <li>Date of Birth</li> </ul>			
<ul style="list-style-type: none"> <li>Whether an interpreter is required</li> </ul>			
<ul style="list-style-type: none"> <li>Any known barriers that may impact the workers ability to return to work</li> </ul>			
Injury details			
<ul style="list-style-type: none"> <li><b>Date and time that the injury occurred</b></li> </ul>			Mandatory information in <b>bold</b>
<ul style="list-style-type: none"> <li><b>About the injury - body part affected, what type of injury and details about how it happened</b></li> </ul>			
<ul style="list-style-type: none"> <li><b>If the worker has required time off</b></li> </ul>			
<ul style="list-style-type: none"> <li><b>Date when the worker stopped work</b></li> </ul>			
<ul style="list-style-type: none"> <li>Details about any time off and expected return date</li> </ul>			
<ul style="list-style-type: none"> <li><b>Has the worker required medical treatment</b></li> </ul>			
<ul style="list-style-type: none"> <li>Has the person been admitted to hospital</li> </ul>			
<ul style="list-style-type: none"> <li><b>Treating doctor details / medical centre (where known)</b></li> </ul>			
<ul style="list-style-type: none"> <li>Date in which the injury was reported to the employer</li> </ul>			

Benefit entitlements	Yes	No	Details
<ul style="list-style-type: none"> <li>• Employment details (employment type / average weekly wage/ ordinary hours of work/whether or not the worker gets paid shift allowances/ overtime)</li> </ul>			<p>Particularly important if the person has had time off or is expected to require time off.</p> <p>For more information:  <a href="https://www.icare.nsw.gov.au/news-and-stories/how-do-piawe-agreements-work/">https://www.icare.nsw.gov.au/news-and-stories/how-do-piawe-agreements-work/</a></p>
<ul style="list-style-type: none"> <li>• Supporting employment information such as pay slips / any leave taken in the last 52 weeks</li> </ul>			
<ul style="list-style-type: none"> <li>• PIawe agreement form (where applicable)</li> </ul>			
<ul style="list-style-type: none"> <li>• Details of any time lost from work due to injury (wage reimbursement information)</li> </ul>			
Injury management and return to work information			
<ul style="list-style-type: none"> <li>• Can the workplace provider suitable duties for the worker?</li> </ul>			<p>This information assists in ensuring accurate triage of a claim.</p>
<ul style="list-style-type: none"> <li>• Is a workplace assessment / workplace rehabilitation referral required?</li> </ul>			
<ul style="list-style-type: none"> <li>• Are there concerns regarding liability?</li> </ul>			
<ul style="list-style-type: none"> <li>• Are there any factors that may impact the worker's return to work?</li> </ul>			
Additional information			
<ul style="list-style-type: none"> <li>• Copy of Certificate of Capacity</li> </ul>			
<ul style="list-style-type: none"> <li>• Copy of Return to Work Plan or Suitable Duties List</li> </ul>			
<ul style="list-style-type: none"> <li>• Copy of incident report</li> </ul>			
<ul style="list-style-type: none"> <li>• Copy of any medical information received (medical reports/ referrals/ xrays and scans)</li> </ul>			
<ul style="list-style-type: none"> <li>• Copy of any invoices received or paid relating to treatment for the worker</li> </ul>			