

Report an incident or injury

Injured person lodgement

This form has been specifically designed for completion by an injured person for an incident that occurred at work. Employers and other third party representatives are requested to complete the employer/third party representative lodgement form.

Fields marked with an * need to be completed for your form to be submitted, however please provide as much information as you can.

1. Tell us about the injured person

Injured person's first name*

Injured person's last name*

Injured person's best contact number*

Injured person's email*

Injured person's date of birth (DD/MM/YYYY)*

Injured person's gender*

Male

Female

Other

Prefer not to say

Address (street and number)*

Suburb/Town*

State*

Postcode*

Postal address (if not the same as residential)

Suburb/Town

State

Postcode

Does the injured person require an interpreter?

Yes

No

If yes, what is the preferred language

2. Tell us about the injury

Date of injury (DD/MM/YYYY)*

Time of injury (HH:MM)*

Name of person the injury was reported to*

Date employer was notified (DD/MM/YYYY)*

Did the injury occur whilst performing normal work activities?*

Yes

No

Does the injured person have multiple injuries?*

Yes

No

Tell us briefly about how the injury occurred*

Which general area of the body has been injured? If the injured person has multiple injuries, please indicate the most significant injury in this section*

Where specifically is the injury*

What is the type of injury? An injury type could be a cut, a broken bone, anxiety, depression or other*

Is the injured person currently admitted to hospital due to their injury? Yes No

Is medical treatment required* Yes No

Does the injured person feel in control of their pain and/or recovery? Yes No

Has the injured person had time off work because of the injury? Yes No

If so, what date did the injured person stop work? (DD/MM/YYYY) Has the injured person returned to work?*

 Yes No

If the injured person remains off work, how long do you anticipate the injured person being off work?

0-2 weeks 2-4 weeks 4+ weeks Uncertain

Will the injured person be able to use their normal mode of transport to and from work? Yes No

Have the injured person and employer been in contact to discuss any support needs for the injured persons recovery at work? Yes No Unsure

Please tell us more about this.

Does the injured person have support at work and in their home life? Yes No

Does the injured person have any additional health conditions? Yes No

Does the injured person have any additional health conditions we need to be aware of?

3. Injured person's work details

Workers compensation policy number

Employer's ABN

Employer's company or business name*

Employer's contact name

Address (street and number)

Suburb/Town

State

Postcode

Employer's best contact number

Employer's email

Injured person's commencement date of employment

Injured person's occupation

Injured person's average weekly wage

What are the ordinary number of hours worked per week? (excluding overtime hours)

4. Injured person's bank details. Please provide details in case of reimbursement.

Account name

BSB

Account number

5. Supporting documents

Please attach additional documents to support your injury notification.

- Certificate of capacity (e.g. Medical certificate)
- Medical details (e.g. Medical related invoices or receipts, reports, scans)
- Wage details (e.g. Wage summary, pay slips, pre-injury average weekly earnings (PIAWE) form, wage reimbursement request)
- Other types of documents e.g. Return to work plan
- I agree with the Privacy Policy. To view the Privacy Policy online, please go to: <https://www.icare.nsw.gov.au/privacy/your-privacy>

Injured person's signature

Date (DD/MM/YYYY)

Once completed, please send your form to your claims service provider. You may find their contact information online at: <https://www.icare.nsw.gov.au/contact-us/workers-insurance-claim-enquiries>