

Notify a fatality or make a fatality claim

Complete this form to notify us that a person has passed away from an incident that may be related to work, or to make a fatality claim. Please complete all fields marked with an *.

A Case Manager will contact you to talk about what happens next, including what support and benefits may be available.

Part A

1. Notifier details

Relationship to person

<input type="checkbox"/> Employer	<input type="checkbox"/> Employers representative	<input type="checkbox"/> Next of kin	<input type="checkbox"/> Next of kin's representative
<input type="checkbox"/> Medical practitioner or other health professional	<input type="checkbox"/> Other	<input type="text"/>	

First name*

Last name*

Primary contact number*

Secondary contact number

Email*

Address (street and number)*

Suburb/Town*

State*

Postcode*

Any other information or comments

2. Employer's 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

Deceased person's occupation

3. Deceased person's details

First name*

Last name*

Date of birth (DD/MM/YYYY)*

Gender*

Male

Female

Other

Prefer not to say

Address (street and number)*

Suburb/Town*

State*

Postcode*

4. Incident details

Date of incident (DD/MM/YYYY)*

Time of incident (HH:MM)

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

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

Briefly describe how the death occurred (if known)

5. Next of kin or preferred contact person details

Relationship to deceased

Spouse/partner Son/daughter Parent Solicitor
 Other

First name

Last name

Best contact number

Email

Address (street and number)

Suburb/Town

State

Postcode

Does the next of kin or preferred contact person require an interpreter

Yes No

If yes, what is the preferred language

Contact to be made by

Phone 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

6. Supporting documents

Please attach any additional documents to support this notification.

I agree with the Privacy Policy. To view the Privacy Policy online, please go to:
<https://www.icare.nsw.gov.au/privacy/your-privacy>

Notifier's signature

Date (DD/MM/YYYY)

Part B

Are you making a claim for death benefits?

Yes No Undecided I need more information

If yes, please complete all fields below.

1. Claimant details

Dependant Dependant's legal representative Worker's legal personal representative

First name*

Last name*

Primary contact number*

Secondary contact number

Email

Address (street and number)*

Suburb/Town*

State*

Postcode*

Any other information or comments

Relationship to worker (eg spouse, child, parent, sibling)

Were you financially dependent on the worker when they passed away?

Yes No

2. Other dependant details (if relevant)

Was there any other person financially dependent on the worker when they passed away?

Yes No

If yes, please complete the relevant details below.

Dependant's name	Relationship to worker (eg spouse, child, parent, other family member)	Address or email	Contact number

Supporting documents

Please contact your Case Manager if you need help understanding what these documents are and how they will be used to assess your claim.

Have you attached a death certificate?

Yes No Not applicable

If the cause of death is unclear, have you attached a coroner's report?

Yes No Not applicable

Have you attached medical records or reports?

Yes No Not applicable

Have you attached a copy of the worker's will?

Yes No Not applicable

Have you attached a copy of grant of probate or letters of administration?

Yes No Not applicable

If married, have you attached a copy of the marriage certificate?

Yes No Not applicable

If in a de facto relationship, have you attached evidence of the relationship?

Yes No Not applicable

If there are children, have you attached their birth certificates?

Yes No Not applicable

If you're the legal personal guardian of a minor child, have you attached proof of guardianship?

Yes No Not applicable

If you were in a financially dependent relationship, have you attached proof of the financial contributions made by the worker?

Yes No Not applicable

I declare that the information that I have supplied in this form, and any attachments to this form, is true and correct to the best of my knowledge.

Signature

Date (DD/MM/YYYY)