

WORKERS' COMPENSATION EMPLOYER'S REPORT



You must lodge this form with Allianz within **five working days** of being notified of an injured worker's claim.

1 Employer Details

Legal Entity / Name

Trading Name

ABN Number

ITC % Entitlement

 %

Address

 Postcode:

Postal Address

 Postcode:

Telephone

()

Fax Number

()

E-mail Address

Main Business or Industrial Activity

Policy Number

Due Date

 / /

Risk Number

2 Worker Details

Name

Home Address

 Postcode:

Email Address

Home Telephone

 ()

Mobile Number

Place Of Birth

Date Of Birth

 / /

If the Worker has difficulty understanding English, what is their preferred language?

Relationship to Employer (if any)?

Occupation (including Industrial Award designation).

Marital Status

No. Dependant Children (under 16 years)

Is Spouse working?

No

Yes

How long has the Worker been in your employment?

Is the Worker on a Visa? No Yes

If Yes, what type of Visa is the Worker on?
e.g. Temporary Work Visa (457)

When does the Visa expire?

 / /

At the time of the injury was the Worker working as a:

Direct Employee?

Working Director?

Contractor?

Contractor's Employee?

Sub-Contractor?

If Yes, give name and address of Contractor or Sub-Contractor?

Name

Address

 Postcode:

Does the Worker employ labour?

No

Yes

Other?

Describe the actual tasks carried out by the Worker.

5 Incident Description

What was the Worker doing when the injury happened?

What caused the injury?

Were vehicles involved in the incident?

No Yes

If Yes, complete claim form for Injury on the Journey.

Was any other object, machinery, footwear, clothing or other item relevant to the incident? If so, please provide details.

Retain any such objects or items.

Describe the nature and extent of the injury.

To the best of your knowledge:

Has the Worker ever had a similar injury?

No Yes

Did the Worker have any pre-existing condition, including any injury, disease or illness prior to the accident?

No Yes

To the best of your knowledge, did any third parties cause or contribute to the incident?

No Yes

If Yes, please provide contact details.

If so, were there any contracts in existence between the employer and any such third parties?

No Yes

6 Reporting

Date Injury Reported

Time

 am/pm

Name of person to whom the accident was reported.

Position

Date claim documents were given to the Employer by the Worker.

7 Other Benefits

Is the Worker entitled to receive any allowance, benefit or compensation for this injury from any other source?

No Yes

If Yes, give details.

8 Witnesses

Name

Name

9 Important

You must attach full details if:

- The worker violated any statutory (or other) regulation at the time of the incident.
- There was any misconduct by the worker (or any other party) that contributed to the injury.
- There are any special circumstances about which Allianz should be told.

10 Declaration

I declare the answers given on this form are true and correct.

Signature

Date

Print Name

11 Employer Notice

- * Failure to lodge this form with Allianz within 5 working days of the worker's claim notification may result in you being fined \$1,000.00.
- * Attach employee's report and medical certificates to this form.
- * **Do not commence paying compensation until advised to do so by Allianz.**

Please return to:

Allianz Australia Insurance Limited
PO Box K772
Perth WA 6842

or

Email: WAWC.Newclaims@allianz.com.au

BOX A

Week	Hours Worked	Award Rate \$	Overtime \$	Allowances \$	Other \$	Total \$
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
Total						

\$ State base weekly or hourly award rate.

State award name and classification.

Please supply documentary proof.

BOX B

\$ Total Gross Earnings

Dates employed if NOT full 52 weeks:

From

to

Please supply a detailed weekly summary of wages paid for this period.

RATE OF PAY CALCULATION (SHEET 1)

Schedule 1 Clause 11

CLAIM NUMBER: _____

EMPLOYER: _____

WORKER: _____

DATE OF INJURY: _____

AMOUNT A – WORKER EMPLOYED PURSUANT to an Industrial Award, Workplace Agreement or Agreed Contract.

*COPY OF EMPLOYMENT CONTRACT ATTACHED YES NO

PART 1 – Clause 11(2) - Calculation for the First 13 Weeks

Capped at the maximum weekly amount

= The average of the overtime, over award, service payments, bonus or allowances for the 13 weeks prior to the date of incapacity + the award rate

OR

If the worker was employed for less than 13 weeks (or any weeks which included time lost due to sick or annual leave) then averaged over that lesser period.

Week	Hours Worked	Award Rate \$	Overtime \$	Allowances \$	Regular Over Award or Service Payments \$	Total \$
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
Total						

= \$ _____ Gross Per Week

PART 2 – Clause 11(3)(b) – Calculation for Week 14 and Ongoing

Capped at the maximum weekly amount

The rate of weekly earnings under the relevant Award or Agreement, plus any over award or service payments made on a regular basis plus any allowance paid on a regular basis as part of the worker's earnings and relating to the number or pattern of hours worked, but EXCLUDING overtime, other allowances and bonuses, up to the maximum weekly capped amount.

= \$ _____ Gross Per Week

RATE OF PAY CALCULATION (SHEET 2)

Schedule 1 Clause 11

CLAIM NUMBER: _____
EMPLOYER: _____
WORKER: _____
DATE OF INJURY: _____

AMOUNT B – SUB CONTRACTOR OR WORKER EMPLOYED on a rate per hour, or as per contract (written or verbal) with the insured or any agreement not certified with the Industrial Relations Commission.

NB: This does not include casual or seasonal workers under Clause 14.

*COPY OF SUB CONTRACTOR LETTER OR CONTRACT ATTACHED YES NO

*DETAILS OF VERBAL AGREEMENT ARE:

*PLEASE ATTACH A COPY OF 52 weeks Gross Earnings (inclusive of overtime and any bonus or allowances) PRIOR TO THE DATE OF INJURY.

PART 1 – Clause 11(2) - Calculation for the First 13 Weeks

Capped at the maximum weekly amount

Divide the gross amount by 52 weeks.

OR

If the worker was in more than one employment at the end of that period, the sum of the average weekly gross earnings in each employment, divided by the lesser period.

OR

If the worker has been in an employment for a period of less than one year, the worker's average weekly earnings in that employment is to be determined over the lesser period.

= \$ _____ Gross Per Week

PART 2 – Clause 11(4)(b) – Calculation for Week 14 and Ongoing

Capped at the maximum weekly amount

= 85% of **Amount B**

= \$ _____ Gross Per Week