

## **HANDY HINTS**

### **For completing the Workers' Compensation Claim Form 2B**

#### **Employer Details**

- Provide all the information requested.
- Remember to give both your personal and trading name and company name if applicable.
- Your WorkCover and policy number is on your workers' compensation insurance policy.
- The claim number and ANSZIC code will be supplied by your insurer.
- Include the address where the injured worker is usually employed if different from your employer address.
- Your insurer may require you to complete an "Employer Report Form. Discuss this with your insurer

#### **Injured Worker Details**

- Please provide all the information requested. Give your full name, address and daytime contact number.
- The more information you provide the quicker your claim will be progressed.
- Remember to keep the information sheet at the front of the form for future reference.
- Make sure you tick the boxes to indicate your conditions of employment.
- If you have difficulty with English WorkCover WA can arrange an interpreter free of charge. Call (08) 9388 5555 or 1300 794 for regional callers for details.
- Provide a brief outline of your job description or title and the duties you are normally involved in.

#### **Occurrence Details**

- By providing details of how and where your injury occurred the employer and insurer are able to deal with your claim more quickly.
- Include the date, time and place of the accident.
- If you did not stop work straight away after the accident indicate when you stopped work.
- Give a brief description of how the accident happened. What were you doing at the time? What items or mechanisms were involved?

#### **Occurrence Report**

- The employer and insurer need to know the circumstances in the workplace when the accident occurred.
- This assists the employer with occupational health and safety matters and the insurer in determining liability.
- Give a brief description of where you were and what duties you were performing at the time of the accident.

- Give details of to whom and when you first reported your accident at work.
- Give reason if you were unable to report the accident immediately. For instance if your injuries have developed gradually or you were receiving medical treatment.
- Give contact details of any witnesses to your accident. This helps the employer with occupational health and safety matters and the insurer in determining liability

**Medical Attention/History-this event**

- Give the date and time when you first sought medical attention
- Give reason if you were unable to obtain help immediately. For instance if your injuries have developed gradually.
- Was the area of your body injured on this occasion healthy before this accident. If not give details of how it was previously affected.
- Have you received injuries to the same area before? Give details if your injury or disability is not totally attributable to this occurrence.

**Medical Attention/History-similar or related previous events**

- Have you received injuries to the same area before? Give details if your injury or disability is not totally attributable to this occurrence.
- Give details of similar disabilities or injuries you have received prior to this injury.
- Give the name and address of your usual medical practitioner and the details of any person such as a specialist who has treated you for a similar injury.

**Other or previous claims**

- Provide details of any other compensation you are receiving and from whom. For instance you may be making a motor vehicle claim if the accident occurred during a work related journey.
- Give details of previous similar or related injuries for which you have made claims against different employers or insurers

**Injured Workers' Declaration**

- Please note the declaration requires two signatures from the injured worker.
- The first signature declares that the information you have provided is correct and indicates you are aware of the consequences of making a claim.
- Make sure you read the declaration before signing.
- The second signature authorises the insurer to obtain information regarding your work related injury from any doctor treating you.
- Failure to sign, either the declaration, or the consent authority, may prevent or delay acceptance of your claim.
- Make sure both your signatures are countersigned by a witness.

**Privacy Amendment (Private Sector) Act 2000**

- The Privacy Amendment Act prevents parties from disclosing or obtaining certain information about you without your consent.
- Refer to the fact sheet section of the claim form for more information on the Privacy Amendment Act.
- By signing this consent authority you authorise the insurer to obtain and release relevant information regarding your work related injury.
- Make sure you read the declaration before signing.
- Failure to sign, the privacy consent authority may delay acceptance of your claim.
- Make sure your signature is countersigned by a witness.

**Medical Practitioner Information Form**

- Injury management is a framework recommended by WorkCover WA to encourage the early return to work of injured workers.
- This section of the form gives you (the employer) the opportunity to contact the injured worker's treating medical practitioner to indicate what return to work options are available.
- Read the First Medical Certificate and any other certificates supplied by the injured worker carefully.
- If you believe you have duties suitable for the injured worker, you should indicate these on the form and fax it to the treating medical practitioner.
- Indicate if you would like to discuss matters with the treating medical practitioner.
- Provide details of a contact person such as occupational health or human resource officer.