



# Workers' Compensation

A claims and injury management guide for WA employers



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# Introduction

Zurich Financial Services Australia (Zurich Australia), a member of the Swiss-based worldwide Zurich Insurance Group, is the only global financial services group operating in Australia under a single brand in the core business lines of general insurance, life risk, investment and superannuation solutions.

Zurich Insurance Group is one of the world's largest insurance based financial services insurance groups, and one of the few to operate on a truly global basis. It has a global network of subsidiaries and offices in North America and Europe, Asia-Pacific, the Middle East, Latin America and other markets.

Founded in 1872, the company's headquarters are in Zurich Switzerland. Zurich employs over 55,000 people helping customers manage risk in more than 170 countries. It is the second largest insurer of global business.

One of our many areas of special interest and expertise lies in insuring and managing workplace injuries and workers' compensation claims.

Our philosophy is to work with clients and their brokers to manage this often challenging process in the spirit of true partnership.

To this end, we not only provide access to experienced professionals, we also offer you the opportunity to have input in to the way claims are actually managed.

We are delighted to present the Zurich Workers' Compensation – A claims and injury management guide for WA employers. The guide summarises the relevant regulations and principles applicable to claims and injury management, and contains vital documents that will allow you to implement an injury management system in your workplace.

The information contained in this guide can help you minimise the cost of claims and assist in returning your employees to work quickly, safely and effectively. We hope you find it useful.

Should you have any questions in relation to workers' compensation claim matters, please direct your queries to our Zurich service team ([wcclaims.wa@zurich.com.au](mailto:wcclaims.wa@zurich.com.au)) or your broker.

## Disclaimer

The information in this brochure is general in nature and should only be used as a guide. It is not intended to be a comprehensive summary of obligations under workers' compensation law and should not be relied upon as legal advice.

# Section 1

## Workers' Compensation in WA

### 1.1 WorkCover WA

Western Australia has a scheme in place for management and compensation of employment-related injuries.

WorkCover WA is the statutory governing authority responsible for administering the *Workers Compensation and Injury Management Act 2023* (WA)(the Act). WorkCover WA is an agent of the State of Western Australia with the status, immunities and privileges of the state. As the governing body, it recommends premium rates for the industry.

WorkCover WA offers a telephone infoline service on 1300 794 744 which provides general information on the workers' compensation and injury management system. Further information can also be obtained from the WorkCover WA website [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au).

### 1.2 Worksafe WA

A division of the Department of Commerce, Worksafe WA is the regulator of workplace safety and health in accordance with the *Occupational Safety and Health Act 1984* (the OSH Act).

Employers should be aware that the OSH Act requires certain reportable injuries and diseases to be notified to Worksafe WA as follows:

- death;
- a fracture of the skull, spine or pelvis;
- a fracture of any bone in the arm (other than in the wrist or hand) or in the leg (other than a bone in the ankle or foot);
- an amputation of an arm, a hand, finger, finger joint, leg, foot, toe or toe joint;
- the loss of sight of an eye; and
- any injury other than the above which, in the opinion of a medical practitioner, is likely to prevent the employee from being able to work within 10 days of the day on which the injury occurred.

Please visit the Worksafe WA website for details on reportable diseases.

Notification of reportable injuries and diseases must be made using the appropriate forms.

- Notification of injury - Form 1
- Notification of disease - Form 2

Worksafe WA will accept completed forms in person, by writing, facsimile, telephone or email. These details can be found on the notification forms.

For more information call Worksafe WA on 1300 307 877 or visit their website [www.commerce.wa.gov.au/worksafe](http://www.commerce.wa.gov.au/worksafe).





# Section 2

## The claim process

### 2.1 When to claim

Any worker, as defined by the Act, is entitled to claim compensation for a work-related injury or illness that requires time off work and/or medical treatment.

#### What if the injury is the fault of the worker?

The workers' compensation scheme is a 'no fault' system, which means compensation is payable regardless of who is at fault when the incident occurred. There are some exceptions to this such as injuries caused by a worker's own serious and wilful misconduct. For example, this may include:

- A worker who has failed to wear safety equipment or clothing that was provided by the employer;
- A worker who was under the influence of alcohol or drugs which contributed to an injury occurring;
- Other circumstances that constitute serious and wilful misconduct (which can be many and varied).

However, each case will turn on its own facts.

Even in these circumstances a worker may still be entitled to compensation, particularly if the worker has a reasonable excuse, or has suffered serious and permanent effects from the injury, or the injury has resulted in death.

As the employer you are legally obliged to notify Zurich and/or your broker of any details that may affect the legitimacy of a claim.

### 2.2 Lodging a claim

If you receive a workers claim form and first certificate of capacity, you must forward it to Zurich within 7 days of receipt. A claim can be lodged with Zurich via email, fax or by mail.

Please note that in accordance with the Act, WorkCover WA may penalise employers \$5,000 for failing to give claims to their insurer within the required timeframe (s26).

### 2.3 Liability

It is not the right of the employer to determine liability for a claim, although Zurich certainly encourages and welcomes your input.

Once a claim has been lodged and to assist Zurich with making a decision of liability, a Zurich Claims Adviser will contact you, the worker and on occasion the treating doctor, to understand the circumstances of the claim and severity of the injury.

Zurich has up to 14 days in which to make a decision of liability. Liability must be accepted or disputed, or a decision can be deferred. Whatever the decision, Zurich will confirm this in writing to you and the worker. A claim number will be allocated and this number should be quoted on all future references made to that claim.

#### 2.3.1 Accepted claims

If liability for the claim is accepted, Zurich will send a notice of claim acceptance to you and the worker. Payment of weekly income compensation should be made at the rate advised by Zurich.

If you are unsure of what to pay the worker, please contact your Zurich Claims Adviser who can assist you. Any overpayment, may not be reimbursed to you.

Employers should :

- pay wages on the regular pay day, in accordance with medical certification and in line with any applicable return to work program;
- complete an income compensation reimbursement form and send it to Zurich for a refund of the wages paid. A copy of this form can be found in Section 7 of this document.
- send unpaid medical accounts to Zurich for payment direct to the provider. If accounts have been paid by you or the worker, receipts should be provided to Zurich for reimbursement.

### 2.3.2 Deferred decision claims

When a decision on liability is deferred, it is usually on the basis that further information is required before a final decision is made. This information can be factual, medical or both.

Initially, no wages should be paid to the worker for any time off work as a result of the claimed injury. In some cases and by agreement with the worker, you may use other leave entitlements to cover the loss of wages until a decision is made, or the worker becomes entitled to provisional payments. If the claim is accepted, or provisional payments commence, these entitlements can be re-credited at that stage.

If a final decision has not been made within 28 days from the date of claim lodgment, the worker will become entitled to receive provisional payments of income compensation and medical and health expenses. Zurich will advise you of the provisional payments to be made to the worker.

Provisional payments will be made until Zurich advises you that they should cease, or until a final decision is made on the claim. A final decision must be made on the claim within 120 days from the date of claim lodgment. If a decision is not made by this time, then the worker's claim will be deemed to be accepted. All medical accounts should be sent to Zurich unpaid. If the claim is accepted, reasonably related treatment will be paid. If the worker has paid for their own treatment, receipts must be provided for reimbursement to be considered.

### 2.3.3 Disputed claims

If Zurich intends to dispute liability, the Zurich Claims Adviser will contact you and the worker to discuss the reason or basis for the decision. A dispute notice will then be sent in writing to you and the worker. Your broker will also be notified of this decision.

No compensation will be paid if a claim is disputed.

If the worker disputes the decision, the matter will be referred through the Zurich internal dispute resolution process. The worker also has the option to seek assistance from WorkCover WA's Conciliation and Arbitration Services.

## 2.4 Compensation entitlements

Following a workplace injury, the worker may have access to the following entitlements:

### Loss of wages (income compensation)

Should a worker become partially or totally incapacitated from attending their workplace, due to the compensable injury, provision is allowed for payment of wages to be made (also referred to as "weekly income compensation payments").

Applicable compensation rates are calculated by Zurich and confirmed to you in writing.

It is important that you do not commence weekly income compensation payments without receiving confirmation from Zurich that liability has been accepted, or that provisional payments are payable and/or by direction of the Zurich Claims Adviser.

### Medical expenses

Reasonable medical treatment that is related to the compensable injury is claimable (up to certain limits and at certain prescribed rates). Treatment may include: doctor visits, pharmacy, physiotherapy, specialist consultation, pathology, radiology and surgery.

If you or the worker are unsure of whether a treatment is covered, please contact your Zurich Claims Adviser for guidance.



### **Workplace Rehabilitation**

In some cases external assistance is required to help an injured worker to return to work. An approved workplace rehabilitation provider can assist you and your worker should the need arise. A list of approved workplace rehabilitation providers can be found on the WorkCover WA website.

### **Travel expenses**

A worker is able to claim for reasonable travelling expenses incurred as a result of attending for medical treatment. Reimbursement will be considered at the rates prescribed by WorkCover WA.

### **Death benefits**

Where a workplace incident results in a worker's death, funeral expenses and any associated medical treatment costs (incurred prior to death) may be payable.

There are also provisions for dependency payments should a claim for dependency be made.

Incidents involving serious injury or death should be immediately reported to Zurich and your broker.

### **Permanent impairment compensation**

Where a worker sustains permanent physical or psychological impairment as a result of the workplace injury, there may be an entitlement for a lump sum compensation payment.

Further guidance can be provided by your Zurich Claims Adviser in these cases.

### **Compensation Limits**

It should be noted that limits do apply to compensation entitlements. These limits are indexed annually by WorkCover WA.

Please refer to the WorkCover WA website for a list of the current compensation limits or contact your Zurich Claims Adviser.

### **2.5 Journey claims**

In Western Australia, workers are generally not covered for injuries that occur while travelling between home and work.

They are generally covered for some other journeys including any journey undertaken during the course of their employment, or under the employer's direction. However, an injury may not be compensable if the worker substantially interrupts or deviates from the designated journey.

If a worker is unsure whether they should submit a claim for an injury on the journey, discuss the circumstances with Zurich and/or your broker.

If a claim is to be lodged, it should be made using the Workers' Compensation Claim Form along with an Injury on the Journey Form. If the injury was sustained in a motor vehicle accident, we suggest you encourage the worker to submit a police report and forward a copy to Zurich. This will help us to determine if there is a potential recovery from a third party.

### **2.6 Dental claims**

If a worker sustains an injury that requires only dental treatment, a first certificate of capacity may not be required. To make a decision regarding liability, Zurich require a dental report from the treating dentist detailing the circumstances, treatment required and costs associated with the treatment.

In this instance you should forward the Workers' Compensation Claim Form and Employers Report of Injury Form so that Zurich can determine liability.

### **2.7 Fatality claims**

If a worker dies as a result of a workplace incident, you must notify your broker and Zurich immediately. To access compensation for funeral expenses and/or dependency payments, the deceased's dependants will be required to complete Workplace Fatality Compensation Claim Form. You should also complete an Employer Report of Injury Form to assist Zurich to determine liability. Refer to Section 7 for both claim forms.

### **2.8 Noise Induced Hearing Loss (NIHL)**

Work health and safety law, which came into operation in late March 2024, takes over the role of mandatory testing of workers' hearing and hearing conservation in noisy workplaces.

NIHL claims are made as a 'two-step' process. After obtaining an audiological test, a worker may be entitled to obtain an NIHL assessment and then make a claim for NIHL compensation.



A 'noisy employer' must pay for a worker's audiological test (and NIHL assessment where required) once every two years. Where there is disagreement, WorkCover WA may make a binding determination on who is a noisy employer and therefore required to pay for testing.

Audiologists must be authorised and all tests must be forwarded to the worker and the employer who paid for the test within one month of the test taking place. If the relevant hearing loss percentage threshold is met, the audiologist must inform the worker of their eligibility for a NIHL assessment from an ENT specialist and direct the worker to the WorkCover WA website for more information.

### What is noisy employment?

Employment is considered noisy if, in the course of the employment, a worker is or was frequently required to wear personal protective equipment to reduce the risk of hearing loss associated with noise exposure that exceeds:

- (1) an LAeq,8h of 85dB(A); or
- (2) an LC,peak of 140dB(C).

LAeq,8h means the 8-hour equivalent continuous A-weighted sound pressure level in decibels, with a reference level of 20 micropascals, determined in accordance with AS/NZS 1269.1:2005.

LC,peak means the C-weighted sound pressure level in decibels, with a reference level of 20 micropascals, determined in accordance with AS/NZS 1269.1:2005.

### What constitutes a valid claim?

A worker can claim for NIHL if they have received:

- (1) an audiological test report performed by an authorised audiologist showing hearing loss of more than 10% (5% for a subsequent claim); and
- (2) a NIHL assessment performed by an ENT specialist showing noise induced hearing loss of more than 10% (5% for a subsequent claim).

## 2.9 Recurrence/Aggravation of injury claims

Should the situation arise where a worker reports a recurrence, aggravation or a flare up of an existing injury, for which a claim has previously been made, a Recurrence/Aggravation of Injury Claim Form may be required along with supporting medical documentation (medical certificates, reports, etc.).

Please contact your Zurich Claims Adviser if you are unsure whether to complete new claim forms or a Recurrence/Aggravation of Injury Claim Form.

## 2.10 Disputes

### 2.10.1 Internal Dispute Resolution

Should a dispute arise, Zurich has an internal dispute resolution process in place to effectively manage and where possible resolve the dispute.

For further information on Zurich's internal dispute resolution process, please contact our officer.

### 2.10.2 WorkCover WA disputes

Disputes can also be lodged through the WorkCover WA Conciliation and Arbitration Services.

Whilst disputes can be resolved at any stage in this process, WorkCover WA initially offer a conciliation service which involves the assistance of a Conciliator to resolve the dispute; followed by an Arbitration service, where an unresolved dispute is heard by a legally qualified Arbitrator who makes a final determination. Further information on these services can be found on the WorkCover WA website.



## 2.11 Common Law

Access to a claim for damages at common law is based on the worker's degree of permanent whole of person impairment (WPI). A worker requires a WPI of not less than 15% to access common law damages; however secondary psychological, psychiatric and sexual dysfunction conditions are excluded.

An approved permanent impairment assessor will conduct an examination applying a standard assessment method. Workers are able to choose an approved permanent impairment assessor from a list that is available on the WorkCover WA website.

After obtaining their assessment of WPI the worker must decide whether to elect and pursue a common law claim. Strict time frames apply as to when a common law claim must be made. Generally, workers must commence a common law claim within three years from the date of injury.

Workers with a WPI of at least 15% but less than 25%, who elect to pursue a common law claim, are subject to a reduction or "step down" in weekly income compensation payments and their statutory entitlements (e.g. entitlement to payment of medical expenses) cease at the time of election.

Assuming these workers have sufficient funds remaining in the maximum limit for weekly income compensation to continue, their weekly income compensation payments will reduce as follows:

- For the first three months, the worker will receive 70% of the amount of weekly income compensation payments to which the worker would otherwise have been entitled,
- For the second three months, the worker will receive 50% of the amount of weekly income compensation payments to which the worker would have otherwise been entitled,
- Weekly income compensation payments cease after six months.

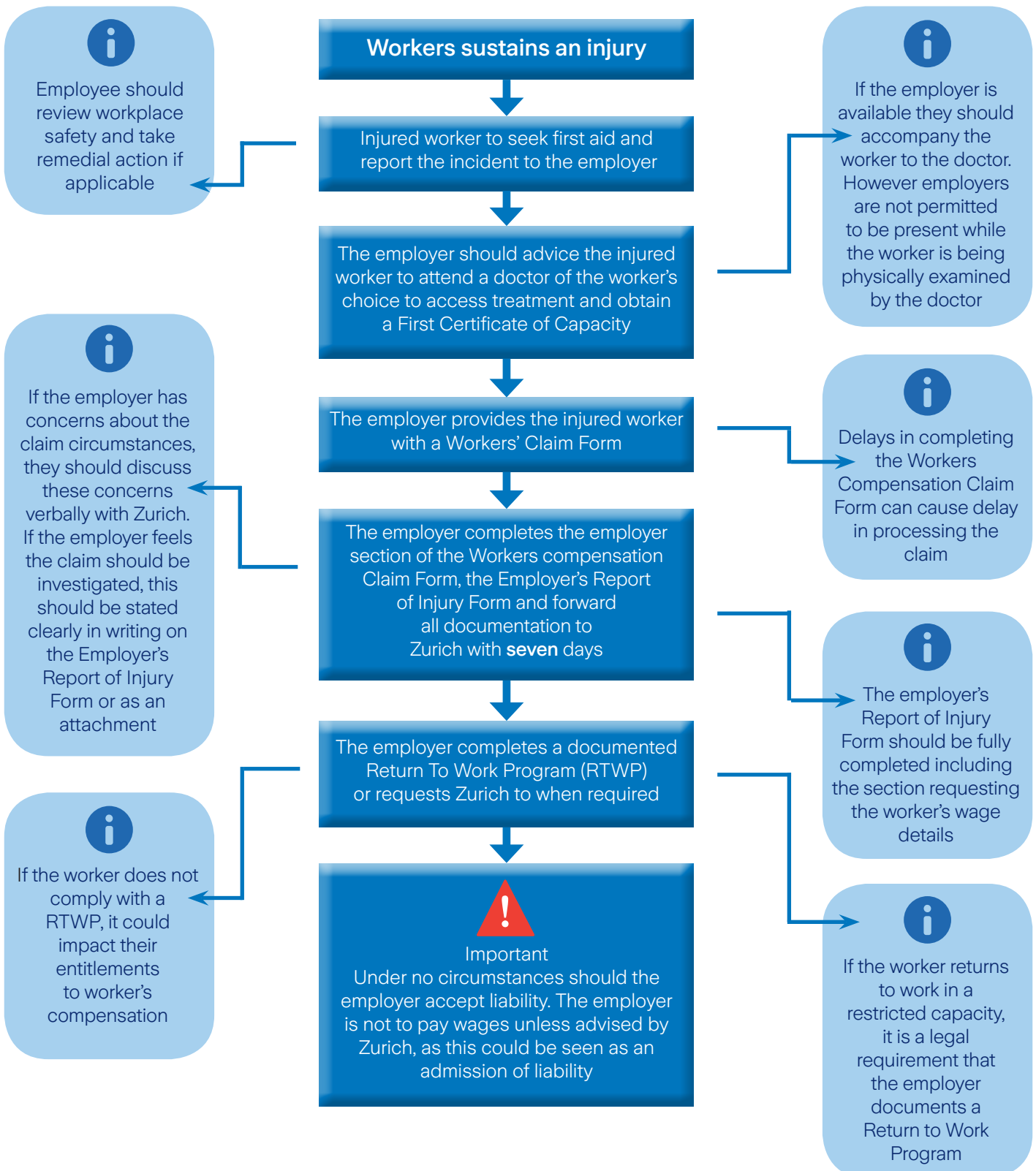
No cap on damages applies to workers with a WPI of 25% or greater and for these workers there is no reduction of weekly income compensation payments, or other statutory entitlements upon making a common law election.

If there is a possibility that a worker may be able to gain access to common law damages, Zurich will discuss the implications with you and your broker.

# Section 3

## Employer's role and responsibilities

### 3.1 What to do when an injury occurs



## 3.2 Legal obligations

### 3.2.1 Why should I take out a policy?

Under the Act, employers are obligated to take out a policy to cover all employees and certain other people who perform work for them, as well as some employees who may from time to time perform work outside of the state, regardless of their pattern of work, relationship to the employer or how they are paid.

Please also refer to the sections on Working Directors and Contractors.

Your broker can provide you with guidance on who should be covered by a policy.

### 3.2.2 Working Directors

A working director refers to a company director who executes work for or on behalf of the organisation, and whose earnings as a director of the company reflect payment for personal manual labour or services.

It is optional for a working director's company to cover their directors for workers' compensation.

It is important to note that unless a company specifically requests cover, working directors will not be entitled to claim workers compensation benefits for any injury. Non working directors and public company directors are excluded. Only a company, as a separate legal entity, may apply to insure a working director.

If you require further information about whether cover is appropriate for your specific circumstances, please discuss this with your broker.

### 3.2.3 Contractors

If you engage sub contractors or contractors to perform work for your business, and they are paid for their services, they may be classified as workers under the Act and therefore, may be entitled to claim workers compensation benefits from your company.

Each contractor's circumstances must be individually considered. It is important to note that Zurich does not purport to provide legal advice on whether a particular claimant will or will not be a "worker" as defined under the Act.

Before determining liability on a claim, Zurich will investigate whether the worker is a "worker" as defined by the Act.

In such cases the employer and the worker may be required to complete a sub-contractor questionnaire before a decision can be made.

### Avoidance arrangements

As per Section 223 of the Act, if an employer avoids their compensation obligations by contriving with workers to establish their own business, a \$15,000 penalty may be issued.

If you have any concerns about avoidance arrangements you should seek independent advice.

### 3.2.4 Notifiable injuries

The OSH Act requires an employer whose employee suffers a reportable injury to notify Worksafe. Refer to the section on Worksafe WA for a list of notifiable injuries and their website for notifiable diseases.

It is also important to be aware of the reporting requirements surrounding accidents which may occur on a mining operation. Any injury that prevents a person from returning to his or her pre injury duties must be reported to the Resources Safety division of the Department of Mines and Petroleum 2013, under the Mines Safety and Inspection Act 1994. Resources Safety can be contacted on (08) 9358 8002 or visit their website [www.dmp.wa.gov.au/ResourcesSafety](http://www.dmp.wa.gov.au/ResourcesSafety).

### 3.2.5 Notification to Zurich

We encourage you to ask a worker to submit a claim as soon as an injury occurs. Remembering that you have seven (7) days to lodge the completed Workers' Compensation Claim Form and First Certificate of Capacity with Zurich. You should forward all documents to us as soon as you receive them from the worker. This ensures workers with genuine claims are provided with immediate treatment and engage in a prompt return to work.

It is important to educate workers about the process of submitting a claim and to implement a system that encourages prompt reporting of injuries.

### 3.2.6 Keeping a worker's position open following an injury

You are legally required to keep a position available for an injured worker for 12 months following the date on which he or she first has an incapacity for work because of the injury.

If a worker returns to work within that timeframe, you must provide him or her with their pre-injury position if reasonably practicable, or another job comparable in status and pay to the pre-injury position for which he or she is qualified and capable of performing.

In some circumstances this may not be reasonably practicable. You should discuss these instances with the Zurich Claims Adviser or broker.

### 3.2.7 Terminating a worker

If you are considering terminating a worker who is receiving workers' compensation entitlements, you should discuss this scenario with the Zurich Claims Adviser and your broker.

During the 12 month period beginning on the day on which the worker first has an incapacity for work because of the injury, you must not dismiss the worker solely or mainly because the worker is totally or partially incapacitated for work. If you breach this requirement, you may be subject to a penalty of \$10,000 under the Act.

If you decide to terminate a worker within the 12 months period noted above, you are required to notify WorkCover WA and the worker by completing an Intention to Dismiss a Worker Notice. A copy of this form is available in Section 7 of this document. If you breach this requirement, you may be subject to a penalty of \$10,000 under the Act.

However, if there is a lawful reason for dismissing a worker, the penalty may not be applicable

Remember terminating an injured worker can adversely affect the outcome of a claim and may also result in industrial relations penalties. Before considering such a step, we strongly recommend that you discuss the matter with Zurich and your broker. You may also need to seek independent advice.

### 3.2.8 Injury Management and Return to Work

It is a legal requirement for employers to have an Injury Management System in place. Employers who fail to comply may be fined by WorkCover WA.

An employer also has a duty to establish and implement a Return to Work Program if a worker returns to work in a restricted capacity following injury. Failure to comply can also result in a fine.

For further guidance on injury management and return to work, please refer to Section 5 of this document.

Remember, terminating an injured worker can adversely affect the outcome of a claim and may also result in industrial relations penalties.

Before considering such a step, we strongly recommend that you discuss the matter with Zurich and your broker.

### 3.3 Weekly income compensation payments

It is important that you do not make any weekly income compensation payments until your Zurich Claims Adviser has advised you that the claim is accepted.

All requested wage information must be completed on the Employer's Report of Injury Form. Zurich will then provide you with the appropriate compensation rate(s) at which to pay your worker.

If the injured worker does not produce a certificate of capacity specifying their capacity for work, please consult your Zurich Claims Adviser.

As stated in the Act, a worker's rate of compensation may decrease after the first 26 weeks of receiving compensation. This is referred to as the "step down" or "thereafter" rate. We will notify you of both rates of pay where applicable. As the employer you should be on notice of the date on which the "thereafter" rate applies, to ensure the worker is paid the correct amount.

To prevent unnecessary delays in the payment of compensation, please ensure all wage information is completed and provided as requested on the Employer's Report of Injury Form.



### 3.3.1 Requesting wage reimbursement

Zurich will forward a request for income compensation reimbursement form to you. You are required to detail the dates, number of days and hours for which you are claiming reimbursement on this form.

The form allows you to nominate the preferred method of reimbursement, either by cheque or direct deposit. Zurich will arrange reimbursement within 10 working days of receipt.

### 3.3.2 Partial reimbursement

A worker does not have to lose a whole day from work for you to claim reimbursement. For example, he or she may only lose an hour of time to attend a medical appointment. You should continue to pay the worker during these periods at the rate of pay confirmed by Zurich.

We encourage you to contact us if you have questions on how much a worker should be paid, or how best to claim reimbursement for periods of partial lost time.

### 3.3.3 When to start payments

As previously mentioned, if a claim is accepted or provisional payments become payable, we will advise you of the rate(s) of pay in which to compensate the worker. If he or she does not produce a certificate stating they are unfit for work, please contact Zurich to discuss whether to continue paying weekly income compensation payments.

If weekly income compensation payments have already commenced, do not cease payment without seeking confirmation from Zurich.

### 3.3.4 Paying a worker while waiting for a liability decision

If there is a period in which the worker is certified unfit, yet a decision has not been made about liability, he or she can agree to receive payment from accrued sick leave or accrued annual leave. If the claim is then accepted, or provisional payments become payable, the worker should have these entitlements reinstated.

It is worth noting that the rate of pay for sick or annual leave may differ from the approved rate of weekly income compensation payments. It may be necessary to make adjustments once the claim is accepted.

### 3.3.5 Cessation or reduction of weekly income compensation payments

When it has been established that the worker is entitled to weekly income compensation payments, it is important that their entitlement is neither reduced nor discontinued without consent from the worker, or until an order from a WorkCover Arbitrator has been obtained.

### 3.3.6 Can Zurich pay the worker directly?

We are unable to pay the worker directly unless your business is no longer operating or in some cases sold. As the employer you are responsible for paying the worker and seeking reimbursement from Zurich.

You may be liable for a \$10,000 penalty if you are deemed to have illegally reduced or discontinued weekly income compensation payments.

Please contact Zurich for further guidance as required.

### 3.4 Medical expenses

Medical invoices should be sent to Zurich unpaid. Zurich will consider payment and where the claim is accepted, or provisional payments become payable, will arrange payment direct to the provider”

Payment of services will be made in accordance with the approved WorkCover rates.

Please do not pay any invoices without Zurich approval as this could be seen as an admission of liability.

### 3.5 Travelling and accommodation expenses

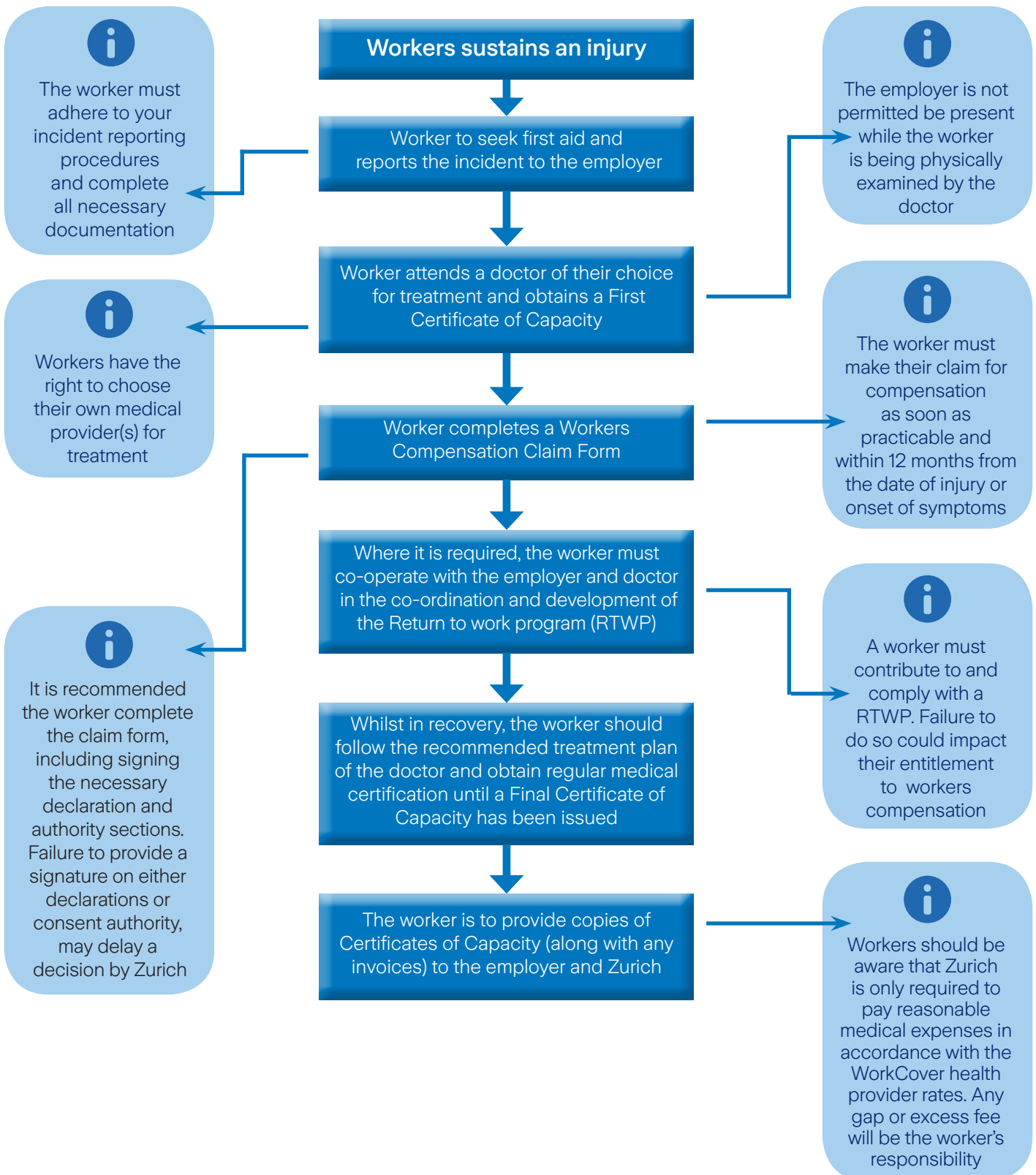
A worker is able to claim for reasonable travel incurred as a result of attending medical appointments. The worker should be provided with a Zurich Travel Claim Form for completion and return to Zurich.

If a worker requires accommodation expenses to be covered, they should discuss this with Zurich in the first instance. Receipts relating to accommodation expenses should then be sent to Zurich for consideration.

# Section 4

## Worker's role and responsibilities

### 4.1 What to do when an injury occurs



#### 4.2 Claim lodgement

A worker is required to lodge a claim as soon as possible and at the very latest within 12 months of the injury occurring, or the onset of symptoms. Significant delays in lodgement may result in the claim circumstances being investigated and possibly disputed.

It should be noted that a worker's failure to lodge a claim within the required timeframe does not necessarily mean they are precluded from receiving compensation.

#### 4.3 Medical treatment and certification

It is vital that a worker maintains regular contact with you, their doctor and Zurich in the overall management of a claim. The worker should provide you with all relevant certificates of capacity as soon as possible.

It is also important for you to maintain dialogue in relation to the workers treatment needs. Where possible, treatment appointments should be arranged outside of return to work hours. This will maximise time at work and reduce unnecessary time away from the workplace. Copies of medical certificates, reports and any other claim related documents should be sent to Zurich as soon as possible.

#### 4.4 Returning to work

The worker is required to fully participate and co-operate with you and the doctor in co-ordination of a return to work. Workers do not have to wait until they have completely recovered from their injury or ceased treatment before commencing a return to work. In some cases the worker can initially return to modified or restricted duties until they have a full medical clearance.

Once the doctor has assessed the worker as having either a partial or full capacity to return to work, the worker should immediately inform you to allow for discussion about a suitable return to work. Medical clearance must be provided to you prior to allowing your worker back into the work place.

If a worker fails to participate or co-operate in the return to work process, Zurich may consider lodging a dispute with WorkCover WA for non compliance. This could result in a reduction or cessation of compensation benefits.

More information on return to work can be found in Section 5.

#### 4.5 What if a worker resigns or moves interstate?

Provided the worker continues to present medical certificates from an authorised treating practitioner and within the time frame requirements (3 monthly intervals) of the Act, statutory entitlements will continue.

A worker's resignation does not automatically mean that you can cease payment of weekly income compensation.

It is strongly recommended that you discuss either of these situations with your Zurich Claims Adviser as soon as they arise.

#### 4.6 Medical Examinations

From time to time a worker may be requested by Zurich to attend for medical examinations. The examinations may be required to assist with determination of liability, understanding the severity of injury, return to work planning or to assess for a permanent impairment.

The worker is legally obligated to attend these appointments. Failure to do so, without a reasonable excuse, may result in delays or could impact on their entitlement to receive ongoing benefits.

#### 4.7 Commencing employment elsewhere

Where a worker has claimed or is receiving weekly income compensation payments and commences employment with another employer, Section 32 of the Act requires the worker to notify you or Zurich of this, in writing, within seven (7) days of either commencing work, or receiving a request for notification. Penalties may apply for failure to do so.



# Section 5

## Injury Management and Return to Work

Injury management is a vital component of the claims management process and an important way to control and reduce the costs of your workers' compensation claims, and ultimately your premium.

Zurich is committed to helping employers develop a workable and efficient injury management system, so injured workers can return to work as quickly as possible.

Zurich can help employers comply with current injury management legislation and fine-tune their existing injury management system to ensure the best outcome for all.

Zurich can also provide training to employers in claims and injury management principles, which can be tailored and presented to various levels of the organisation.

### 5.1 Injury Management

The term injury management goes beyond simple rehabilitation. It is defined by Zurich as a co-ordinated program that integrates all aspects of a claim including medical treatment, return to work, vocational rehabilitation, claims management and employment management practices.

The main aim of any injury management program is to reduce the cost of workers compensation claims by returning workers back to productive duties as quickly as possible.

Our approach to injury management is based on:

- Understanding the employers business needs and the impact of work injuries on that business;
- Early identification of potential barriers to the return to work process on individual claims;
- Involving the employer and treating doctor in the management of the injury and acting in the interests of the worker in getting back to work;
- Early referral to approved workplace rehabilitation providers and monitoring the performance of the appointed provider on individual claims; and
- Providing assistance and direction to treatment and other rehabilitation providers.

For further information or assistance in setting up an effective injury management program, please contact our Zurich Workers' Compensation team on (08) 9261 1599.

### 5.2 Injury Management System

In accordance with your legal obligation, employers are required to have an injury management system for their business.

#### 5.2.1 What is an Injury Management System?

An injury management system is a documented series of steps you will take when an injury occurs in the workplace.

Your injury management system will need to detail these steps and must also include a nominated employer contact for reporting all workplace injuries for worker's compensation.

Please refer to Section 7 for an example of an Injury Management template. You can modify the template to suit your business needs as not all businesses are the same and may have more than one dedicated contact.

#### 5.2.2 Aim of the Injury Management System

Simply put, the aim of the system is to ensure that an organisation is able to respond quickly to workers compensation claims and for injured workers to remain at work or return to work when medically appropriate and as early as possible.

### 5.3 Return to Work Programs

For injured workers who require a restricted or graduated return to work, employers are also required to ensure that a Return to Work Program is developed.

A Return to Work Program is a documented record of the agreement between the worker, treating doctor and employer as to what duties the worker will perform during the agreed period.

The program should outline the medical restrictions the doctor has recommended and the agreed duties, hours and actions of the parties.

The employer must develop and implement the program with the worker's approval and in accordance with the doctors recommendations. A copy must be provided to the worker, doctor and Zurich.

The need for a return to work program is required when the worker's doctor:

1. advises the employer in writing that a return to work program is to be established, or
2. signs a certificate of capacity indicating the injured worker has a partial capacity for work, or
3. signs a certificate of capacity indicating that the injured worker has a total capacity for work but is unable to return to the position held immediately before the injury occurred.

WorkCover WA has developed a Return to Work template to ensure compliance for employers. A copy of this template can be found in Section 7 of this document.

Further information in relation to your obligations surrounding injury management systems and return to work programs is available on the WorkCover WA website ([www.workcover.wa.gov.au](http://www.workcover.wa.gov.au)).

#### 5.4 Communication

We encourage employers to remain in regular contact with their injured worker. If the worker is certified unfit for work, make phone contact with them during this period. If the worker agrees, accompany him or her to their medical appointments.

It is also important to remain in contact with the treating doctor. This is an opportunity to discuss return to work options, progress the return to work and discuss treatment.

When contacting the doctor you may wish to use a Work Restrictions Form to assist with return to work planning. An example of a Work Restrictions Form can be found in Section 7 of this document. You are not required to send this back to Zurich.

Employers play a vital role in the recovery and success of a worker's return to work. A worker is more inclined to remain positive about their return to work and recovery when they have a supportive employer demonstrating interest in the rehabilitation process.

#### 5.5 What should we do, if we have no suitable duties?

In some situations you may not be able to provide suitable or restricted duties for a worker to return to. The aim of the legislation is to return a worker back to work, making every possible effort to do so.

If you are unsure of what may or may not be suitable, or feel that you do not have suitable duties available, please contact your Zurich Claims Adviser as soon as possible.

Zurich will assist you through the process and have a specialised injury management team available to work with you, the worker and doctor to ensure every effort has been made to explore a return to your workplace.

Our Injury Management Advisors are available to attend your workplace and can arrange and attend medical case conferences if further medical information is required to allow for the best possible plan.

#### 5.6 Workplace Rehabilitation Providers

On occasion it may be necessary to engage the services of an external Workplace Rehabilitation Provider to assist with the return to work.

Zurich will make every attempt to assist and work with you on the return to work prior to recommending external assistance.

A number of indicators may suggest that a referral for external assistance is required and may include:

- Where the employer is having difficulty identifying or providing suitable duties
- Where the injured worker cannot return to pre-injury duties
- Where the worker, employer or treating doctor request a referral be made
- Where the type of injury requires a professionally supervised return to work program
- Where mediation attempts to resolve poor working relationships between the worker and employer have been exhausted
- Where modifications are required in the workplace, or aids and equipment are required to assist the worker return to work
- Where the return to work program extends beyond the period usually expected for the injury type
- Where the worker is terminated from their pre-injury employment
- Where the worker has psycho/social and/or language barriers

Your Zurich Claims Adviser and Injury Management Advisor will discuss with you which provider may be best suited to the needs of your business, and can make recommendations from our panel of preferred workplace rehabilitation providers.

Our panel consist of providers who have frequently delivered successful, cost-efficient results and we encourage employers to identify a preferred workplace rehabilitation provider who can then become familiar with your business.

When discussing the choice of provider with the worker, we are legally obligated to advise the worker that they have the right to nominate a provider of their choice.



## 5.7 Corporate Provider Networks

Even in states where workers have the right to choose their own provider (such as WA), a worker will often look to their employer for direction on where to obtain immediate medical care.

At Zurich we believe that managed care is more than just reducing your claims costs. It's about helping to ensure that your people receive quality medical care and return to work as soon as medically appropriate.

Corporate provider networks assist in the process of managing the worker's injury, treatment plan and return to work.

People are your most important asset. Ensuring they obtain the best medical care and support following a workplace injury, provides the worker with assurance that your organisation values them.

Using a corporate provider such as a company doctor or a workplace rehabilitation provider who is familiar with your business, will provide many benefits. Some include:

- ✓ Injured workers receive medical care from a doctor selected by you, typically based on feedback and reputation to help ensure quality care is provided
- ✓ Engagement with providers who value your people and who will support your workers medically to achieve a successful return to work
- ✓ Working with a provider who understands your business allowing you to effectively manage business needs
- ✓ Reduction in claim costs and duration of claims associated with:
  - a lack of or delayed medical interventions
  - lost time injuries

Many corporate health care providers offer a wide range of health solutions for the corporate business. In addition to GP services, other health services may include:

- Pre-employment medical screening
- Fitness for work assessments
- Worksite assessments
- Ergonomic assessments
- Exercise rehabilitation

If you require assistance on setting up a corporate network of provider's for your business, you can contact Zurich's Injury Management team who can provide you with guidance.

However, it is important to note that under the Act, an injured worker must not be required to choose or attend a medical practitioner chosen or nominated by the worker's employer or the employer's insurer to perform any of the functions of a treating medical practitioner. A worker has an express right under the Act to choose their treating medical practitioner.

Remember, a doctor may not be familiar with your business and workplace and is often not aware that suitable duties are available.

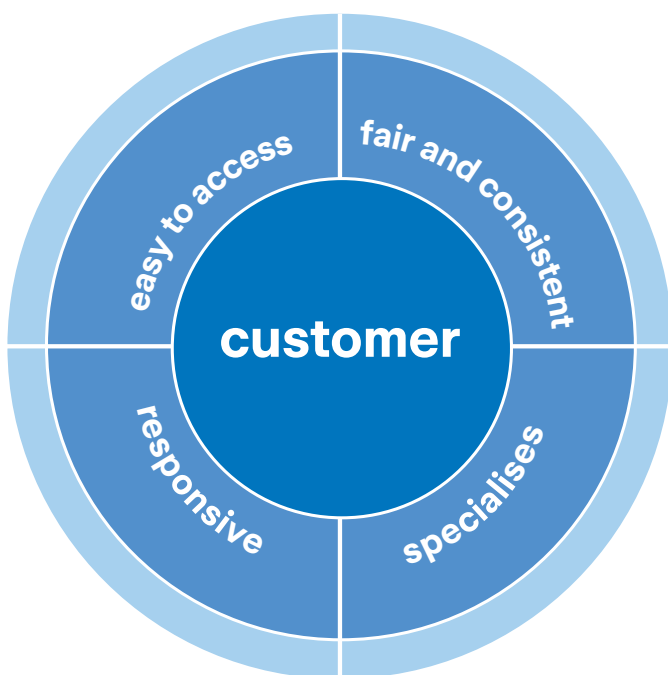


# Section 6

## How can Zurich assist you?

Zurich strive to deliver an outstanding claims experience for you, our customers. Working together with you and your broker when a claim occurs means that you can get back to business as quickly as possible following an incident.

Our service proposition is built on four claims promises:



We put the customer at the centre of what we do and believe our relationships and expertise can and do make the difference.

### 6.1 Claims Team

Zurich's claim service is run by local professionals. Our WA workers compensation team is located in the Zurich Perth office.

You will have one primary contact for every claim, your Claims Adviser.

Your Claims Adviser will consult with you on:

- liability decisions;
- claim strategies;
- injury management strategies;
- return to work;
- claim financials;
- settlement including common law matters;
- and, finalisation.

You will be notified at claim time the details of your Claims Adviser, however you are able to contact our office at any time to confirm who your contact is.

The Claims Adviser is also supported by a wider Zurich team, consisting of the Head of GI Complex Claims, Technical Principal, Team Leader, Fast Track Claims Adviser and Claims Support Officer.

Zurich will also engage with your broker throughout the claim process to ensure we are all working together to achieve a successful claim outcome.

### 6.2 Litigation

Knowing what to do when a claim involves disputes, litigation, settlement and/or common law can be overwhelming. Zurich will work with you and your broker to guide you through the process if claims become litigated.

Zurich has a panel of expert legal firms that can provide additional support when required. Our providers have been sourced and selected following a very comprehensive vendor management process.

It is very important that you advise Zurich or your broker immediately you are aware that legal action or litigation may be imminent. In some cases there are strict timeframes that apply to legal activity and therefore it is important that Zurich has an opportunity to consider and provide timely recommendations to you.



### 6.3 Zurich Claims Online

The Zurich Claims Online reporting system is a dynamic reporting and analysis tool that will provide you with direct access to your claims history.

It will allow you to:

- access a wide range of reports that will help you to analyse, review and report accident data
- analyse trends and implement risk-management strategies
- provide links to various risk-management information and advisory bodies such as WorkCover WA and Worksafe
- provide information on individual claims
- measure claims performance and policy performance
- run reports in various formats such as PDF, Excel and Web
- have the ability to obtain current financial information as and when you require

If you would like to apply for access to the Zurich Claims Online reporting system, contact your broker or speak to your Zurich Claims Adviser.

WorkCover WA website – [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au)

Worksafe WA website - [www.commerce.wa.gov.au/worksafe](http://www.commerce.wa.gov.au/worksafe)

Workers' Compensation and Injury Management Act, 1981

For further information, please contact a member of the Zurich service team or speak to your broker.

# Section 7

This section contains the relevant forms and documents referred to within this guide. A copy of our claim forms can also be obtained from our website at: [http://www.zurich.com.au/content/zurich\\_au/claims/business\\_insurance\\_claims/workers\\_compensation\\_claims.html](http://www.zurich.com.au/content/zurich_au/claims/business_insurance_claims/workers_compensation_claims.html)

Please contact Zurich should you have difficulties completing any of these forms or have any other queries.

## Claims Forms

1. **Workers' Compensation Claim Form**, page 22  
Worker to complete after sustaining an injury at work
2. **Employer's Report of Injury Form**, page 28  
Employer to complete after a worker sustains an injury

## Other Claim Forms

3. **Recurrence/Aggravation of Injury Claim Form**, page 32  
Worker to complete if they suffer a recurrence, aggravation of a previously claimed injury
4. **Workplace Fatality Compensation Claim Form**, page 34  
To be completed for fatality claims (including dependants of the deceased worker)
5. **Injury on the Journey Claim Form**, page 41  
To be completed if the worker sustains an injury while travelling in a vehicle

## Injury Management and Return to Work Forms

6. **Injury Management System template**, page 44  
To be completed and retained by the employer to meet compliance with injury management legislation
7. **WorkCover WA Return to Work Program template**, page 46  
To be completed when a worker returns to work in a restricted or alternate capacity, following injury. This should be reviewed and updated as required and until the worker resumes full pre-injury duties.  
A word version of this template is available on the WorkCover WA website or you can contact our office for copy.
8. **Work Restrictions Form**, page 50  
A template which can be used by the employer and sent to the doctor to assist in with documenting and co-ordinating an appropriate Return to Work Program

## Other Forms

9. **Income Compensation Reimbursement Form**, page 51  
To be completed by the employer when claiming for weekly income compensation reimbursement
10. **Intention to Dismiss Worker Notice**, page 52  
To be completed by the employer, with a copy to be sent to the worker and WorkCover WA within the required time frame.

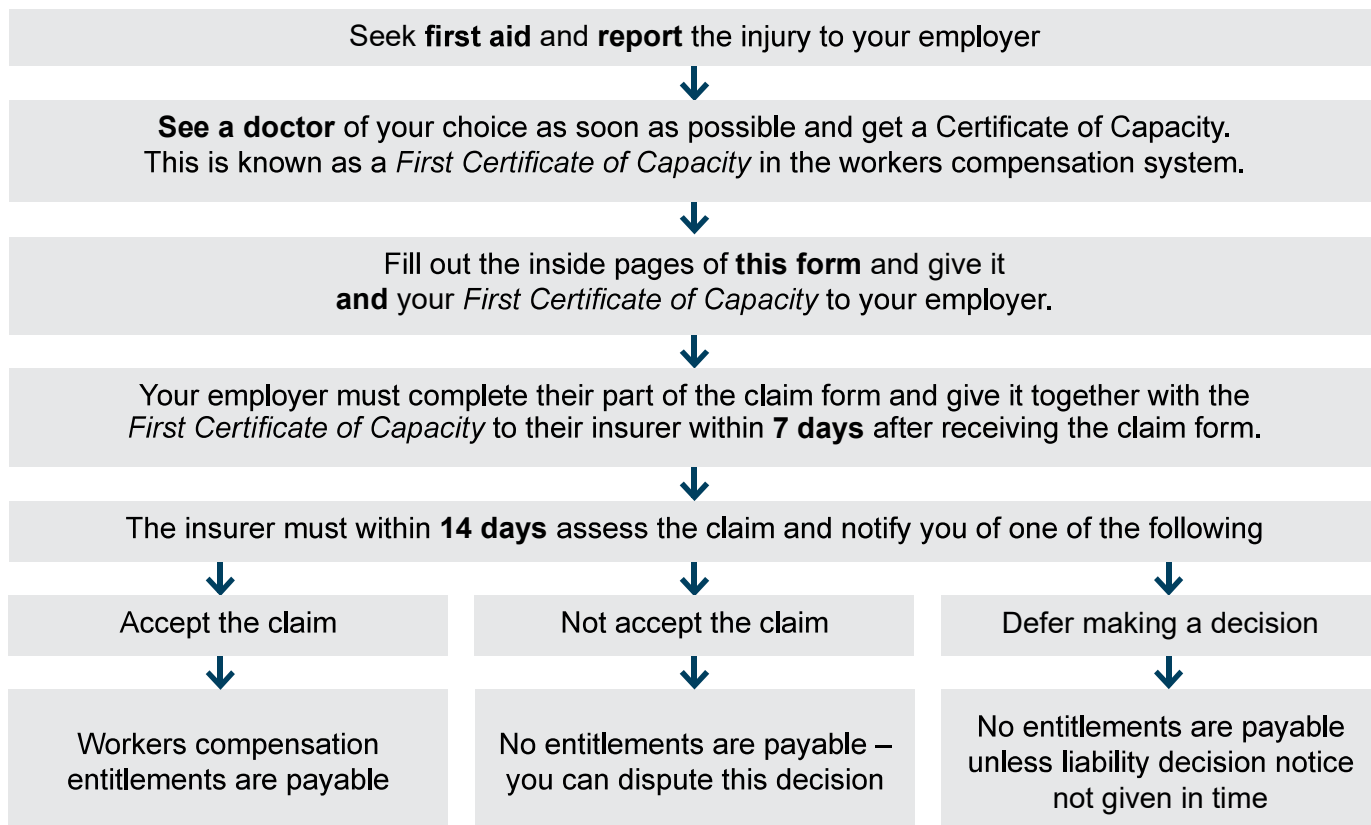
# Workers Compensation Claim Form

Workers – Keep this section for your information

## Who can make a claim?

You are entitled to make a claim if you suffer an injury from employment and are defined as a worker.

## How to claim:



## What happens if you don't agree with the insurer's decision?

Your employer's insurer has an internal dispute resolution process. You can approach the insurer to re-examine their decision.

In addition, WorkCover WA provides assistance regarding resolving disputes.

To find out more about having a dispute resolved or for general information about workers compensation and injury management contact **WorkCover WA's Advice and Assistance line on 1300 794 744**.

WorkCover WA is the government agency responsible for overseeing the *Workers Compensation and Injury Management Act 2023*.

## What happens when my claim is deferred?

An insurer or self-insurer can defer making a decision on your claim if they need more time to make a decision.

Insurers and self-insurers must give you either a **liability decision notice** or a **deferred decision notice** within 14 days after receipt of the claim. If neither of these notices are given within 14 days, liability is taken to be accepted.

If a liability decision notice cannot be given in 28 days after receipt of the claim, provisional payments will become payable.

While your claim is being assessed, consider using any accrued leave (sick leave or annual leave) to provide you with interim financial support. If your claim is accepted, any leave you have used will be reinstated by your employer.



## What does workers compensation cover?

Once your claim is accepted you become entitled to workers compensation payments. These may include:

- **Income compensation** for lost earnings that should be paid on your normal pay day for any period of time that your doctor has certified you unfit for work
- **medical and health related expenses** for hospital, medical and allied health (e.g. physiotherapy) treatment services that are reasonably necessary
- **workplace rehabilitation expenses** to cover the cost of engaging **an approved workplace rehabilitation provider** to help you return to work
- **travel and accommodation** expenses in certain situations.

**Contact WorkCover WA for publications about your rights, responsibilities and entitlements.**

Income compensation, medical and health expenses, and workplace rehabilitation payments are limited and subject to maximum amounts. You can call our Advice and Assistance staff on **1300 794 744** or visit **[workcover.wa.gov.au/workers](http://workcover.wa.gov.au/workers)** for further information.

While your claim is being assessed, you can ask your employer to pay you sick leave or annual leave you have already accrued. If your claim is accepted, you will receive your workers compensation entitlements and your employer will reinstate your leave.

**Remember you must have a Certificate of Capacity to cover any time you are away from work.**

## Know and understand your rights and responsibilities

### You:

- have the right to **choose your own treating doctor** and **workplace rehabilitation provider**
- have the right to **privacy** while being examined or treated by your GP
- your employer, the employer's insurer or an agent of the insurer cannot be present during examination or treatment
- have the right to **claim lost earnings from other jobs** if you have another job/s your injury prevents you doing
- have the responsibility to **attend certain medical appointments** at the request of your employer
- must, in cooperation with your employer, make reasonable efforts to return to work
- have the responsibility to participate and cooperate in the establishment of a **return to work** program and comply with any reasonable conditions under the program including any obligation to undertake workplace rehabilitation
- must comply with any requirement to attend a return to work case conference
- provide each progress certificate of capacity to your employer or employer's insurer within seven days (unless it is given by your treating doctor).

### Your employer:

- has the right to **request a medical review** via their insurer after a claim has been made
- cannot be present while you are being examined or treated by your doctor
- has the **right to discuss your return to work** with the treating doctor in a return to work case conference
- has the responsibility to have an **injury management system in place** and implement a **return to work program** when required
- has the responsibility to keep **your pre-injury position available, if practicable**, for 12 months from when you were unfit for work
- cannot try and stop you from making a claim and must give your claim to the insurer.

### Together:

- you have the responsibility to work with your treating doctor and cooperate to establish a **return to work program** when required.

## Disclosure of Personal Information (consent authority)

Your employer's insurance company needs to collect, use and disclose personal information to assess, investigate and otherwise deal with your claim, but your consent must be obtained for this to occur.

By signing the *consent authority* on the Claim Form, you consent to the collection by, and disclosure to, persons named in the authority of your personal information that is relevant to your injury, claim or injury management.

If you do not provide consent by signing the *consent authority*, this may affect the insurer's ability to assess your claim and may cause delays in the claims process.

# Workers Compensation Claim Form

## Insurer please complete

Insurer name: \_\_\_\_\_ Estimated time off work:

Claim number: \_\_\_\_\_  less than one day

ANZSIC Code: \_\_\_\_\_  1-4 work days (inclusive)

Policy number: \_\_\_\_\_  5-9 work days (inclusive)

WorkCover number: \_\_\_\_\_  10-20 work days (inclusive)

Has employer contacted medical practitioner: Y  N   more than 20 work days

fatality

Date form received from employer

DATE STAMP

ANZSCO (office use only)

## Employer please complete

Name of policy holder/employer: \_\_\_\_\_ ABN: \_\_\_\_\_

Trading as (if different to above): \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact person name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address of injured worker's usual workplace or base: \_\_\_\_\_ Postcode: \_\_\_\_\_

Major activity of workplace (eg sheep farming, plumbing): \_\_\_\_\_

Date employer received the completed claim form from the injured worker: \_\_\_\_\_

Date employer sent the claim form and Certificate(s) of Capacity to insurer: \_\_\_\_\_

## Worker please complete

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other names: \_\_\_\_\_  Male  Female  Unspecified

Address: \_\_\_\_\_ Preferred language: \_\_\_\_\_ (if not English)

Suburb/City/Town: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Daytime contact phone number: \_\_\_\_\_

Occupation (eg first class welder) \_\_\_\_\_

Main tasks/duties performed (eg welding of high pressure steam pipes) \_\_\_\_\_

full time (F)  part time (P)  direct employee  sub contractor

permanent (P)  temporary (T)  casual (C)  working director  visa worker

contractor  other

employee of contractor If other, please specify: \_\_\_\_\_

## Other Employment

*If more than one employer, please attach details on separate sheet*

Do you have any other job?  Y  N If yes, please give details: \_\_\_\_\_

Employer name: \_\_\_\_\_ Phone no: \_\_\_\_\_ Hours per week: \_\_\_\_\_

## Occurrence details

*Attach separate sheet if more space is required*

Day of occurrence: \_\_\_\_\_ Date of occurrence: \_\_\_\_\_ Time of occurrence: \_\_\_\_\_  AM  PM

At what address did the occurrence happen? \_\_\_\_\_

Did you have to stop working?  Y  N If so when? Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Were you:  working – at your normal workplace  working from home  on work break – at normal workplace  working – away from normal workplace  on work break – away from normal workplace  working – road traffic accident  commuting/journey  other duty status

Describe the occurrence. Include:

(i) What action was involved (i.e. fall, struck by object)

(ii) What object/machine/substance was involved (i.e. fumes, door frame)

(iii) The injury or disease caused (i.e. fracture, burn, abrasion)

(iv) The bodily location of the injury or disease (i.e. upper arm, eye)

WorkCover WA Staff Only
Mechanism
Agency
Nature
Bodily location

**Worker please complete**

**Occurrence report – Describe how it happened**

*Attach separate sheet if more space is required*

Where did the occurrence happen? (ie store room, machinery shop) \_\_\_\_\_

What were you doing at the time of the occurrence? \_\_\_\_\_

What were the normal working hours for that day? Starting time: \_\_\_\_\_  AM  PM Finish time: \_\_\_\_\_  AM  PM

When did you first report the occurrence? Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

Who did you report the occurrence to?  
Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone No: \_\_\_\_\_

If you didn't report the occurrence immediately, please state the reason if any:  
\_\_\_\_\_

Please provide the name and daytime contact phone number of witnesses of the occurrence:

1. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

**Medical help/history – this occurrence**

*Attach separate sheet if more space is required*

When did you first seek medical attention? Date: \_\_\_\_\_ Time: \_\_\_\_\_  AM  PM

If not immediately, please state the reason: \_\_\_\_\_

Was the part of the body affected by this occurrence healthy before this occurrence?  Y  N

If not, please give details: \_\_\_\_\_

Is the present injury completely related to this occurrence?  Y  N

If not, please give details: \_\_\_\_\_

Please give details of any similar injury prior to this occurrence: \_\_\_\_\_

Name and contact details of your usual medical practitioner and any health provider who has treated you for a similar injury:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone no: \_\_\_\_\_

**Concurrent claims**

Are you claiming compensation from any other source?  Y  N If yes, from whom? \_\_\_\_\_

**Worker's declaration**

I declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself and the occurrence are true both in substance and in fact to the best of my knowledge and belief. I take notice that under the *Workers Compensation and Injury Management Act 2023*, I am required to notify my employer or insurer within 7 days if I commence paid work with another employer after making a claim, or while receiving income compensation.

Sign \_\_\_\_\_ Print your name \_\_\_\_\_

Date \_\_\_\_\_

**Consent authority – to be signed at the option of the worker**

I authorise any doctor who treats me to discuss my medical condition, in relation to my claim for workers compensation and return to work options, with my employer and with their insurer.

I consent to my employer's insurer and its appointed service providers collecting personal information, inclusive of sensitive information such as medical information about me and using it for the purpose of assessing and managing my workers compensation claim, including determining liability and whether my claim is true. This consent extends to my employer's insurer disclosing my personal information, inclusive of sensitive information, to other insurers, medical practitioners, workplace rehabilitation providers, investigators, legal practitioners and other experts or consultants for the purpose of assessing and managing my claim. My personal information, inclusive of sensitive information, may also be disclosed as required or permitted by law. I also consent to my employer's insurer disclosing my personal details to WorkCover WA which is authorised to use this information to fulfil its functions and obligations under the *Workers Compensation and Injury Management Act 2023*. I have read all the information on this form regarding the consent authority and I consent to the Insurer dealing with my personal information in the manner described.

Sign \_\_\_\_\_ Print your name \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT: FAILURE TO PROVIDE YOUR SIGNATURE ON EITHER THE DECLARATION OR THE CONSENT AUTHORITY MAY DELAY A DECISION BY THE INSURER ON YOUR CLAIM**

# Checklist and handy hints

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## For the Worker

- If you need help completing the form, you can get your employer, a friend or family member to help you or you can call WorkCover WA on 1300 794 744. If required, an interpreter can also be arranged by WorkCover WA free of charge.
- Provide **all** the information requested. Give your full name, postal and email address and daytime contact phone number in case you need to be contacted.
- It may be helpful to attach a separate sheet to your claim form **if more space is needed** to provide information about your injury, how it happened and your medical history.
- Read and sign the **worker's declaration** and the **consent authority (optional)**.
- Attach the *First Certificate of Capacity* you received from your doctor to the claim form (your claim cannot be processed until both your claim form and *First Certificate of Capacity* are received).
- Keep records! Take a photocopy of your claim form and keep a record of the date you gave the claim form and Certificate of Capacity to your employer.
- Keep the information section of this form for your future reference.

## For the Employer

- Make a copy of the claim form and give it to the injured worker.**
- Make sure the worker has completed all sections of the claim form. If they have difficulty completing it, let them know that they can seek help from you, a family member or friend.
- Make sure you complete the employer details section.
- Review the *First Certificate of Capacity*. Has the doctor indicated that the worker has some **capacity to work** in either their pre-injury job or in alternative duties? If so, you are required by law to **develop a return to work program**. Visit the WorkCover WA website [workcover.wa.gov.au](http://workcover.wa.gov.au) for further information and templates, or contact your insurer for assistance.
- You are encouraged to make contact with the worker if the doctor has indicated they are temporarily unfit for work or unable to return to normal duties.
- Keep records! Develop a case file, photocopy all relevant paperwork and keep it in a safe and private location and date all correspondence.
- Forward the claim form to your insurer within **seven days** of receiving it. Make sure you attach:
  - the worker's *First Certificate of Capacity* and any subsequent Certificates of Capacity
  - medical accounts (if any)
  - any other reports your insurer asks you to complete.
- If an injury is likely to prevent an employee from working for 10 consecutive days, you must also notify the Department of Energy, Mines, Industry Regulation and Safety ([www.demirs.wa.gov.au](http://www.demirs.wa.gov.au) or 1300 307 877). In the mining industry, the Department must be notified on 1800 SAFE MINE (1800 723 364) or via the Safety Regulation System (SRS).

## Further information and assistance

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WorkCover WA is the government agency responsible for overseeing the *Workers Compensation and Injury Management Act 2023* (the Act) in Western Australia.

The role of WorkCover WA is to monitor compliance with the Act, inform and educate parties on all aspects of the workers compensation and injury management system and provide an independent dispute resolution service.

If you would like further information about workers compensation and injury management or information about seminars, contact:

**Advice & Assistance**            1300 794 744

**WorkCover WA**                    2 Bedbrook Place, Shenton Park WA 6008

### Telephone interpreting

To use the telephone interpreting service:

- Step 1 - Telephone: 131 450
- Step 2 - Tell the operator the language you speak
- Step 3 - Tell the operator that you would like to speak to WorkCover WA on 1300 794 744.

### Injury Management

Injury management is about managing workers' injuries in a manner that is **directed at enabling injured workers to return to work.**

Your employer should have a **written description of an injury management system** in your workplace and this should be made available to you if you ask for it.

**You should be involved with decisions regarding your return to work.**

It is important for you to:

- keep in touch with your employer, your doctor and other treatment providers
- submit Certificates of Capacity to your employer as soon as possible and on a regular basis to help keep your employer informed of your medical condition and level of fitness for work.

If your treating medical practitioner finds that you are partially fit to return to work in some capacity, a written return to work program will be established by your employer.

Workers should fully participate with their employer and medical practitioner in developing an appropriate return to work program. This will help develop a supportive environment that has the commitment of all parties to a successful return to work process. You have the responsibility to actively participate in your return to work program once developed.

View our Return to work video on the WorkCover WA website at:

**[workcover.wa.gov.au/resources/educational-videos](http://workcover.wa.gov.au/resources/educational-videos)**

**Make sure you have a say in determining your future at work by being involved in discussions that affect you.**

Publications for workers, employers and insurers are available from WorkCover WA.



# Employer's Report of Injury

## 1 Employer details

Policy number	Cost centre	Risk number
Name of policyholder		
Trading name		
Postal address	Postcode	
Location address (specify number, street, suburb)		
Phone number	Fax number	
Business (type of activity or profession)		
Number of employees		

## 2 Employer contact person dealing with Workers' Compensation claim / Injury Management

Name	Position
Phone number	Fax number
Email	
Address	Postcode

## 3 Worker's employment details

Full name of worker – Surname	First names
Residential address	Postcode
Gender – Male <input type="checkbox"/> Female <input type="checkbox"/> Date of birth / /	Marital Status – Married <input type="checkbox"/> Single <input type="checkbox"/> Defacto <input type="checkbox"/> Divorced <input type="checkbox"/>
Date first employed / /	Occupation
Main tasks performed by worker	
Is the worker employed – Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Other <input type="checkbox"/> Sub-contractor <input type="checkbox"/> Contractor <input type="checkbox"/> Visa <input type="checkbox"/>	
Is the worker a direct employee? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No', explain employment	
Is the worker a member of the employer's family? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', do they reside with the employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the worker employed by anyone else? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', provide name and address	
Is the worker a working director? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', are they declared on the policy Yes <input type="checkbox"/> No <input type="checkbox"/>	

## 4 Injury details (Please complete all particulars)

Are you satisfied that the information in the Employee Claim Form under the sections headed 'Occurrence Detail' and 'Occurrence Report' are correct? Yes  No

If 'No', please provide details

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Have you contacted the treating doctor? Yes  No

## 5 Give details of other circumstances that may assist Zurich to assess the claim

Include queries as to the validity of the claim eg. misconduct, skylarking or pre-existing medical conditions contributing to the injury or incident.

## 6 Compensation details

Did the worker cease work because of the injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', when?	/	/	Time	am <input type="checkbox"/>	pm <input type="checkbox"/>
Has worker resumed work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If 'Yes', when?	/	/	Time	am <input type="checkbox"/>	pm <input type="checkbox"/>
What is the exact time lost – Weeks	Days	Hours	(To date of completion of form if work has not been resumed)					

## 7 Wage information – (Complete only when claiming income compensation for lost time)

Is the worker employed under (please  tick the appropriate box)

Federal award  State award  Registered EBA  Unregistered EBA  Agreed rate  Workplace agreement

**Note: If agreed or market rate please confirm whether this was negotiated with reference to an award.**

Award classification name \_\_\_\_\_

EBA title \_\_\_\_\_

How many hours does the worker work per week?

How many days are worked per week?

Basic/award hours per week (eg 38 hrs)

Normal start time

am  pm

Finish time

am  pm

Are there any rostered day off? Yes  No  If 'Yes', which days? \_\_\_\_\_

Please provide a detailed payroll print-out of the worker's total income for the period of 1 year ending on the day before the day on which the worker's injury occurred.

If the worker has been employed in the position for less than 1 year when the injury occurred, please provide a detailed payroll print-out for the period beginning on the day which the worker commenced to be employed in the position held at the time of injury and ending on the day on which the worker's injury occurred.

If the worker had not been employed for 1 year when the injury occurred, please confirm the date the worker commenced to be employed in the position held at the time of the injury \_\_\_\_/\_\_\_\_/\_\_\_\_.

Total gross income of 1 year (or lesser) period \$ \_\_\_\_\_

Base award rate if applicable \$ \_\_\_\_\_

If the worker has taken leave without pay during the above period, please confirm the total number of days taken.

Days of leave without pay taken \_\_\_\_\_

## 8 Safety equipment – (Where applicable to the tasks which resulted in the injury)

Had the worker been provided with safety equipment or clothing at the time of the incident eg. glasses, boots, harnesses? Yes  No

If 'Yes', was it being worn / used at the time of the incident? Yes  No  If 'No', state why not? \_\_\_\_\_

## 9 Injury Management / Rehabilitation – (Please complete every particular in this section)

Do you have a written established and implemented injury management system in accordance with the regulations in relation to workers employed by you?

Yes  No

Do you have any alternative duties the worker can perform until pre-injury fitness is achieved?

Yes  No

Do you have a written established and implemented return to work program for injured workers in accordance with the regulations in relation to workers employed by you?

Yes  No

Do you require further information to assist in establishing and implementing an injury management system or return to work program in accordance with the regulations in relation to workers employed by you?

Yes  No

## 10 Employer declaration

I (print name and position) \_\_\_\_\_

declare that the details above are true and correct in every particular.

Signature of employer or authorised person

Date

X

/ /

## Information for Employers

### Privacy statement and consent

Zurich is bound by the *Privacy Act 1988* (Cth). We collect, disclose and handle information, and in some cases personal or sensitive (e.g. health) information, about you ('your details') to manage and investigate claims, administer policies, comply with our legal obligations, contact you and enhance our products and services ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, policy owners, affiliates of Zurich Insurance Group Ltd, insurers, reinsurers, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information include the, *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth), *Workers Compensation and Injury Management Act 2023* (WA), *Autonomous Sanctions Act 2011* (Cth), *A New Tax System (Goods and Services Tax) Act 1999* (Cth) and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at [www.zurich.com.au](http://www.zurich.com.au) or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to be located. It also sets out how we handle complaints and how you can access or correct your details or make a complaint.

### Employers – Please note

1. This Report of Injury form must be forwarded to Zurich within three days of the worker giving you a First Certificate of Capacity and Workers' Claim Form. All these forms should be sent to: Zurich Australian Insurance Limited, PO Box 442, West Perth WA 6872. Fines can be imposed for late notifications.
2. If the worker has not resumed work at time of lodgement of this claim, it is important that you notify Zurich when work is resumed.
3. **No wages or weekly income compensation payments are to be made without prior approval from Zurich and only after receipt of a covering medical certificate in the form prescribed under the Workers Compensation and Injury Management Act 2023 (WA) (the Act).**
4. Weekly Income compensation will only be reimbursed at the rates advised by Zurich.
5. Medical accounts should be sent unpaid to Zurich.
6. **Section 159(2) of the Act - Employer must establish injury management system**

An employer must ensure that a process setting out the steps to be followed when there is an injury from employment ('an injury management system') is:

- (a) established and implemented in accordance with the regulations in relation to workers employed by the employer; and
- (b) described in a document available to workers.

**(Penalty: \$5,000)**

Regulation 73 of the *Workers Compensation and Injury Management Regulations 2024* (WA), (the Regulations) requires that an injury management system must include the following:

- (a) a description of a worker's right to claim compensation if they suffer an injury from employment;
- (b) a description of an employer's obligation to comply with the claim and injury management process set out in the Act when a claim is made;
- (c) a description of the steps the employer will take if an injury from employment occurs; and
- (d) information about the person who has day-to-day responsibility for the injury management system and their contact details.

7. **Section 160(2) of the Act - Duty of employer to establish and implement return to work program**

The employer of an injured worker must ensure that a program for assisting an injured worker to return to work in a timely, safe and durable way ('a return to work program') is established and implemented for the worker as soon as practicable after the earliest of the following:

- (a) the day on which the worker's treating medical practitioner issues a certificate of capacity to the effect that the worker is partially incapacitated for work;
- (b) the day on which the worker's treating medical practitioner advises the employer in writing that a return to work program should be established for the worker;
- (c) the day on which, an arbitrator determines, or the parties agree, that the worker has suffered an injury in respect of which compensation is payable and is partially incapacitated for work.

**(Penalty: \$5,000)**

The return to work program must, as far as is reasonably practicable, be established and implemented in consultation with the injured worker.

The employer must ensure that the establishment, content and implementation of a return to work program are in accordance with the regulations.

**(Penalty: \$5,000)**

**Regulations 75 to 80 require that:**

- (a) the return to work program be in the approved form;
- (b) the worker be given an opportunity to participate in the establishment of the return to work program;
- (c) an employer take reasonable steps to ensure that a worker agrees with the content of the return to work program;
- (d) a copy of the return to work program (and any amended return to work program) be given to the worker and the worker's treating medical practitioner;
- (e) if the worker's treating medical practitioner amends a certificate of capacity or modifies the worker's restrictions, that, as soon as practicable after becoming aware of that amendment or modification, the employer amends the worker's return to work program accordingly; and
- (f) the return to work program be implemented in a timely manner.

Under section 162 of the Act, an employer may request in writing that their insurer assist in establishing and implementing a return to work program for a worker.

**8. Section 166(2) of the Act - Employer must provide position during incapacity**

The employer of an injured worker must, during the period of 12 months beginning on the day on which the worker first has an incapacity for work as a result of the injury ('the employment obligation period'):

- (a) provide to the worker the position the worker held immediately before having an incapacity for work (the pre-injury position); or
- (b) ensure that the worker is provided with a suitable position if:
  - (i) it is not reasonably practicable to provide to the worker the pre-injury position; or
  - (ii) the worker does not have capacity to work in the pre-injury position.

**(Penalty: \$10,000)**

Suitable position, for an injured worker, means a position:

- (a) for which the worker is qualified; and
- (b) that the worker is capable of performing; and
- (c) that is most comparable in status and pay to the position the worker held immediately before having an incapacity for work.

The obligation to provide the pre-injury position or a suitable position during the employment obligation period does not apply if the worker is lawfully dismissed.

**9. Section 168(2) of the Act - Dismissal of injured worker**

The employer of an injured worker must not during the employment obligation period for the worker, dismiss the worker solely or mainly because the worker is totally or partially incapacitated for work.

**(Penalty: \$10,000)**

The employer of an injured worker must not, during the employment obligation period for the worker, dismiss the worker for any reason unless the employer has given to the worker a notice of intention to dismiss the worker.

**(Penalty: \$10,000).**

A notice of intention to dismiss a worker must be given to the worker at least 28 days before the dismissal takes effect and be in the approved form.

10. WorkCover WA has developed a template for an Injury Management System. The template illustrates that an Injury Management System can be a set of simple steps that provide for appropriate action to be taken by an employer when a workplace injury occurs. For further information visit WorkCover WA's internet site at [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au) or contact the WorkCover Infoline on 1300 794 744.

11. Please telephone Zurich if you have difficulty completing this form or have any questions.

# Recurrence / Aggravation of Injury

TO BE COMPLETED WHERE A WORKER HAS LOST FURTHER TIME FOLLOWING A RETURN TO WORK OR WHERE THERE HAS BEEN A RENEWAL OF TREATMENT OF THE ORIGINAL INJURY.

ATTACH MEDICAL CERTIFICATE AND REPORTS IF AVAILABLE.

CLAIM NO. (Office use only)

PPS Yes  No

## Privacy statement and consent

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We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, policy owners, affiliates of Zurich Insurance Group Ltd, insurers, reinsurers, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information include the *Anti-Money Laundering and Counter-Terrorism Financing Act 2006* (Cth), *Workers Compensation and Injury Management Act 2023* (WA), *Autonomous Sanctions Act 2011* (Cth), *A New Tax System (Goods and Services Tax) Act 1999* (Cth) and other financial services, crime prevention, trade sanctions and tax laws.

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## 1 Worker

Surname	Other Names	
Address		Postcode
Current Employer	Claim No. (if known)	
Employer at time of original injury		
Nature of injury		
Date of original injury	/ /	Date of further period of incapacity / /
Date of return to work	/ /	

## 2 Recurrence / Aggravation details

1. (a) Describe in detail where you were and what you were doing when the latest onset of symptoms or incapacity occurred

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(b) If a further incident occurred, please provide details of this further incident

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## 2 Recurrence / Aggravation details (continued)

2. Were there any witnesses to the onset of further symptoms?

Yes  No

If 'Yes', provide names and address, and attach statements

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3. Was the onset of symptoms reported? Yes  No  If 'Yes', when? / /

and to whom?

4. (a) State what symptoms, if any, you have been experiencing leading up to the latest onset of symptoms

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(b) What medical treatment have you been receiving prior to the latest onset of symptoms?

State the names of treating Doctors and dates of treatment

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5. Give full details of your employment between the date of the original injury and the recurrence / aggravation.

Supply names of all Employers, dates worked and Occupation

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## 3 Declaration

I solemnly and sincerely declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself and the occurrence are true both in substance and in fact to the best of my knowledge and belief.

I take notice that under the *Workers Compensation and Injury Management Act 2023* (WA), I am required to notify my employer or insurer within 7 days if I commence paid work with another employer after making a claim, or while receiving income compensation.

I hereby authorise any Doctor to divulge to my Employer, or their Insurer, information in relation to my claim for workers' compensation which he or she may have acquired with regards to myself.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature of Worker

Date

X / /

Signature of Witness

Date

X / /

Save File

Print Form



# Workplace Fatality Compensation Claim Form

Please see attachment for required information and documents.

## 1. CLAIMANT'S DETAILS

Given names:  Surname:

Date of birth: // Occupation:

Phone number:

Relationship to worker:

Residential address:

Email address:

Preferred language(s):   
*(if other than English)*

## 2. WORKER'S DETAILS

Given names:  Surname:

Date of birth: // Occupation:

Residential address:   
*(prior to death)*

## 3. EMPLOYER'S DETAILS

Employer's name:   
*(including trading name)*

Employer's address:

Employer's ABN:  Phone number:

## 4. DETAILS OF FATALITY

Date of injury:   /   /

Date of death:   /   /

Was the death a result of a workplace injury? Yes  No

Cause of death:

Worker's duties/tasks when injury/accident occurred:

## 5. COMPENSATION BEING CLAIMED

1. Death resulted from injury:

- Dependant lump sum entitlement - payable to dependant partner and/or children
- Child's allowance - payable for the benefit of each dependant child
- Funeral expenses - payable to person who incurs expenses
- Medical expenses - payable to person who incurs expenses

2. Death did not result from injury:

- Lump sum entitlement - payable to dependant partner and/or children

## 6. DETAILS OF DEPENDANTS (include any additional dependants on a separate page)

- Documents attached to show dependency on earnings of worker at the time of death

### DEPENDANT 1

Given names:

Surname:

Date of birth:   /   /

Relationship to worker:

Phone number:

Address:

**DEPENDANT 2**

Given names:  Surname:   
Date of birth: / /  Relationship to worker:   
Phone number:   
Address:

**DEPENDANT 3**

Given names:  Surname:   
Date of birth: / /  Relationship to worker:   
Phone number:   
Address:

**DEPENDANT 4**

Given names:  Surname:   
Date of birth: / /  Relationship to worker:   
Phone number:   
Address:

**DEPENDANT 5**

Given names:  Surname:   
Date of birth: / /  Relationship to worker:   
Phone number:   
Address:

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Do you know of any other person who is dependent on the earnings of the worker and may be entitled to make a separate claim?

Yes  No

If yes, please provide any details attached on a separate piece of paper.

## 7. CONSENT AUTHORITY

I hereby authorise any medical practitioner, medical practice or hospital to disclose to the worker's employer or the employer's insurer and WorkCover WA any information regarding the worker's medical history. However, I do not authorise the release or testing of human tissue samples or human tissue material of any kind or for any purpose.

Signature:

Date: / /

Name of worker's general practitioner:

## 8. DECLARATION

**Western Australia**  
**Oaths, Affidavits and Statutory Declarations Act 2005**  
**Statutory Declaration**

I,  *insert name*

of  *insert address*

sincerely declare that all the information in the *Workplace Fatality Compensation Claim Form*, and any other attachment and supporting particulars are true and correct to the best of my knowledge.

To the best of my knowledge I have not omitted any information that may be relevant to my claim, including but not limited to the names of persons I believe may have been dependent on the earnings of the deceased worker.

This declaration is true and I know it is an offence to make a declaration knowing that it is false in a material particular.

This declaration is made under the *Oaths, Affidavits and Statutory Declarations Act 2005*.

at   
*(place)*

on / /   
*(date)*

by   
*(signature of person making the declaration)*

**in the presence of**

*(signature of authorised witness)*

*(name of authorised witness)*

*(qualification of authorised witness)*



**INSURER TO COMPLETE**

*Name of insurer / self-insurer:*

*Claim number:*

*Policy number:*

*Date claim received:*

  /   /

## Required Information and Documents

The following documents and information must be provided with the *Workplace Fatality Compensation Claim Form*

### DOCUMENTS TO ATTACH

#### Documents about cause of death

- Death Certificate
- In some circumstances an insurer / self-insurer may request copies of any autopsy report, a Coroner's report or ambulance, hospital, or other medical records.

#### Documents about relationship to worker

- **For a marriage – the marriage certificate**
- **For a de facto relationship – a statement and supporting particulars (indicated below) about:**
  - how, when and where the person and worker first met
  - the duration of the relationship and level of commitment to a shared life
  - the extent to which the person and worker supported each other financially, physically and emotionally and when this level of commitment began
  - the living arrangements including whether the person and worker resided together and the nature and extent of common residence (attach details of living arrangements)
  - financial aspects of the relationship including joint ownership of a house or joint names on a lease, correspondence addressed to the couple at the same address, details of financial commitments such as bank statements, and any joint liabilities (attach copies)
  - any joint responsibility for the care and support of children
  - the extent to which the relationship was recognised publicly or socially (include name and contact details of 2 people who can verify the existence of a de facto relationship).
- **For each dependent child**
  - a copy of the child's birth certificate or passport
  - evidence of enrolment in full time education if the child is between 16 and 21
  - evidence of guardianship or adoption, if the worker or the person claiming on behalf of any child is not the parent.
- **For an extended family member**
  - evidence the person is an extended family member
  - a Statutory Declaration to the effect the worker died leaving no dependent partner or children.

### **Documents about financial dependency**

To show the claimant was wholly or in part dependent on the earnings of the worker at the time of death attach:

- records of income received from employment, investments or business over a two year period prior to the death of the worker, for the worker and claimant(s);
- tax returns for the two year period prior to and including the worker's death, for the worker and the claimant(s) (if available);
- bank / financial statements that show the worker provided monetary support to the claimant(s). This may include: moneys transferred from the worker to the claimant or between accounts; payments for shared property or living expenses such as utilities, food, lodging, clothing, education, medical and dental care, recreation, transportation and other necessities;
- copies of any relevant legal order or voluntary arrangement setting out the amount to be paid for child support or spousal/de facto maintenance; and
- details of any distribution or profit paid to the worker or claimant(s) from any family trust.

### **Documents about other potential claimants**

- If applicable, attach contact details of any other person dependent on the earnings of the worker (not mentioned in section 6 of the claim form) who may be entitled to make a separate claim.

### **Documents about funeral expenses**

- Receipts, invoice and / or quotations for funeral expenses incurred or likely to be incurred.

### **Documents about medical expenses**

Only attach if claiming medical expenses:

- invoices that relate to the worker's medical attendance, transportation and treatment incurred for the workplace injury prior to their death.

### **Documents if the death did not result from the injury**

Only attach if the worker's death did not result from the workplace injury/accident:

- documents to show the worker had been in receipt of income compensation for at least six months; and
- documents to prove the claimant's relationship to the worker and dependency (same as documents listed above).

# Injury on the Journey

Claim No. (Office use only)

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We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, policy owners, affiliates of Zurich Insurance Group Ltd, insurers, reinsurers, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

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Additional information to be provided by the injured worker in respect of an injury received whilst on a journey between the worker's home and place of employment or any trade, technical or other training school or other place.

**Please print in BLOCK LETTERS and ensure the declaration on page 3 is completed**

## 1 About the worker

Full name of worker	Date of birth	/	/	Postcode
Address				
Name of employer				
Address	Postcode			

## 2 About the journey

Exactly where were you going when the injury occurred, on whose orders and why?

---



---

State the exact time you commenced the journey    am     pm

Did you interrupt the journey for any reason?    Yes     No     If 'Yes', for how long and why?

---

What mode of travel were you using on this journey? Is this the usual mode?    Yes     No

If 'No', why?

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---

## 2 About the journey (continued)

Did you, on the journey when this accident happened, follow the route usually taken by you? Yes  No

If 'No', state (a) the reason for the deviation

(b) the route of the deviation

What is the distance of the journey?

What is the time usually taken for this journey?

Describe in detail your movements between the time you commenced the journey up to the time of the accident.

## 3 What happened

Date of accident?      /      /      Time of accident?      am  pm

What were the scheduled working hours for that day?      Starting time      am  pm       Ceasing time      am  pm

How did the injury/accident occur?

Where did the accident happen?

Did you in the 24 hours preceding the accident consume any alcohol and/or drugs? Yes  No

If 'Yes', state type, quantity and when consumed

Who in your opinion is responsible for the accident?

Reason

## 4 Police report

Did police attend scene? Yes  No  If 'Yes', give officer's name, number and station

Officer's name

Officer's number

Officer's Station

If Police did not attend to which station was the accident reported?

Date reported      /      /

Police action taken or proposed

## 5 Witnesses

Was the accident witnessed? Yes  No  If 'Yes', give names, addresses and approximate ages of witnesses:

### Witness 1

Name

Age

Address

Postcode

### Witness 2

Name

Age

Address

Postcode



### Traffic accident details

Please note that all traffic accidents which involve any injury or property damage exceeding \$1,000 must be reported to the police as soon as possible, preferably within 48 hours of the accident. If you have not, you should do so immediately.




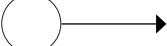
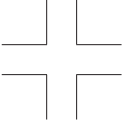
## 6 About your vehicle

Registration number	
Make and Model	Approximate value of damage \$
Driver's name	Phone
Address	Postcode
Owner's name	Phone
Address	Postcode

## 7 Other vehicle involved (if more than two vehicles, attach a separate list).

Registration number	
Make and Model	Approximate value of damage \$
Driver's name	Phone
Address	Postcode
Owner's name	Phone
Address	Postcode

Using the symbols below, show position of vehicles on the plan below and indicate by arrows direction of travel. Also show stop or giveaway signs and traffic lights and street names.

Your vehicle		
Other vehicle		
Pedestrian, Cyclist, etc.		
Intersection		

## 8 Declaration

I hereby declare that the foregoing statements are, to the best of my knowledge and belief true and correct in every detail and I give permission for the Police to release information concerning my involvement in this accident to Zurich Australian Insurance Limited.

Signature of Worker

Date

X

/ /

## Injury Management System

(Insert Employer/Business Name)

### Injury Management Policy

(The employer) is committed to assisting injured workers to return to work as soon as medically appropriate and will adhere to the requirements of the *Workers Compensation and Injury Management Act 2023* in the event of a work related injury.

Management supports the injury management process and recognises that success relies on the active participation and cooperation of the injured worker. Whenever possible, suitable duties will be arranged internally having regard for the injured worker's medical restrictions.

### Aim of the Injury Management System

To provide the best possible response to the management of workplace injuries, so injured workers can remain at work or return to work at the earliest appropriate time.

### Injury Management steps

**When there is an injury at work (the employer) will:**

1. Take all necessary action to provide the injured worker with immediate first aid and access to appropriate medical assistance. *(Include details of the responsible person or first aid officer).*
2. Inform appropriate parties as soon as possible. *(Include contact details of workers' compensation insurer and other key parties).*
3. Inform the worker of the need to gain a First Certificate of Capacity.
4. Supply the worker with a workers' compensation claim form.
5. Assist the worker to complete the claim form.
6. Lodge the First Certificate of Capacity and claim form with the insurer within seven days.
7. Maintain close contact with the injured worker to check on progress and make arrangements for the worker to remain at work or return to work as soon as medically appropriate.

## Injury Management System (continued)

8. Prepare a Return to Work Program, in consultation with the treating medical practitioner and the injured worker, when required.
9. Refer the worker to an approved workplace rehabilitation provider when required.
10. Monitor progress towards the return to work goal.
11. Communicate regularly with the insurer in relation to the injured worker's claim.

### Day-to-Day Management

The person who has day-to-day responsibility for injury management is\*:

Name: \_\_\_\_\_

Contact Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- \* This is either the person who has overall responsibility for injury management or responsibility for a specific workplace site.

**RETURN TO WORK PROGRAM**

Is this the worker's first return to work program?     Yes    No

If no, Return to Work Program number: .....

**Section 1 – Participant details**

**Worker**

Name: .....

Claim number: .....

Address: .....

Phone number: .....

Email address: .....

Pre-injury position: .....

Pre-injury hours per week: .....

Site/ location/ department: .....

Type of shift/roster: .....

**Employer**

Employer: .....

Address: .....

ABN: .....

Supervisor: .....

Phone number: .....

Email address: .....

Program coordinator: .....

Coordinator phone number: .....

Coordinator email address: .....

## Treating medical practitioner

Name:

---

Address:

---

Phone number:

---

Email address:

---

## Insurer

Insurer:

---

Contact person:

---

Phone number:

---

Email address:

---

## Workplace rehabilitation provider

**Note:** *These details are only required if a referral has been made to an approved workplace rehabilitation provider.*

Provider:

---

Consultant:

---

Phone number:

---

Email address:

---

Date of referral:

---

## Host employer

**Note:** *These details are only required if the Return to Work Program includes duties to be undertaken with a host employer.*

Host employer:

---

Address:

---

ABN:

---

Supervisor:

---

Phone number:

---

Email address:

---

## Section 2 – Return to Work Program

### Work capacity (indicated on the certificate of capacity)

Certificate of capacity date: .....

Description of work capacity: .....

Description of work restrictions: .....

Date of next review: .....

### Return to work goal

- Same Employer / Same Duties                       New Employer / New Duties
- Same Employer / Modified Duties                       Other Workplace Rehabilitation Options
- Same Employer / New Duties

Description of return to work goal: .....

Start date: ..... Review date: .....

### Working hours (start and finish times)

Week commencing	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total hours

RTW program duties: .....

RTW program restrictions: .....



**Actions to be completed to enable the injured worker to return to work**

Action	Person Responsible	Completion/ Review Date

**Section 3 – Worker’s agreement**

I agree to the content of this Return to Work Program.

Worker signature:

.....

Date:

.....

Treating medical practitioner  
signature (optional):

.....

Date:

.....

# Form – Work Restrictions/Recommendations for Return to Normal or Suitable Duties

## 1 General details

Employee name	Pre-Injury duties
Date of injury / /	Nature of injury

## 2 The Worker is able to

	YES	NO					
Lift occasionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 2 kg	<input type="radio"/> 5 kg	<input type="radio"/> 10 kg	<input type="radio"/> 15 kg	<input type="radio"/> 20 kg
Perform repetitive lifting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 2 kg	<input type="radio"/> 5 kg	<input type="radio"/> 10 kg	<input type="radio"/> 15 kg	<input type="radio"/> 20 kg
Pack occasionally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 2 kg	<input type="radio"/> 5 kg	<input type="radio"/> 10 kg	<input type="radio"/> 15 kg	<input type="radio"/> 20 kg
Pushing carts/trolleys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 2 kg	<input type="radio"/> 5 kg	<input type="radio"/> 10 kg	<input type="radio"/> 15 kg	<input type="radio"/> 20 kg
Stand for a period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 10mins	<input type="radio"/> 20mins	<input type="radio"/> 40mins	<input type="radio"/> 60mins	<input type="radio"/> or longer
Walk for a period	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 10mins	<input type="radio"/> 20mins	<input type="radio"/> 40mins	<input type="radio"/> 60mins	<input type="radio"/> or longer
Perform cleaning duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 10mins	<input type="radio"/> 20mins	<input type="radio"/> 40mins	<input type="radio"/> 60mins	<input type="radio"/> or longer
Write, type, use keyboard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 10mins	<input type="radio"/> 20mins	<input type="radio"/> 40mins	<input type="radio"/> 60mins	<input type="radio"/> or longer
Drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 10mins	<input type="radio"/> 20mins	<input type="radio"/> 40mins	<input type="radio"/> 60mins	<input type="radio"/> or longer
Use tools/equipment	<input type="radio"/>	<input type="radio"/>					
Rotate trunk/neck	<input type="radio"/>	<input type="radio"/>					
Squat, kneel, climb ladder	<input type="radio"/>	<input type="radio"/>					
Work above shoulder height	<input type="radio"/>	<input type="radio"/>					
Work below knee height	<input type="radio"/>	<input type="radio"/>					
Gripping	<input type="radio"/>	<input type="radio"/>					
Do one handed duties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Right	or	<input type="radio"/> Left		

Hours to be worked \_\_\_\_\_

Other medical restrictions \_\_\_\_\_

To remain on suitable duties until \_\_\_\_\_

If the employee remains totally unfit for work please indicate when the employee may be able to return on suitable duties

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_

**X** \_\_\_\_\_ / /

Date / / Telephone \_\_\_\_\_



**INTENTION TO DISMISS WORKER NOTICE**

The employer named below intends to dismiss the worker named below with effect from the following date:

Dismissal date: .....

**To**

Name: .....

Address: .....

Phone number: .....

Email address: .....

**Employer**

Name: .....

Address: .....

ABN: .....

**Claim**

Insurer: .....

Insurer claim number: .....

Date of first incapacity: .....

**Injury**

Date of injury: .....

Description of injury: .....

**Important information**

A notice of intention to dismiss a worker must be given to the worker at least 28 days before the dismissal takes effect.

Advice or assistance on workers compensation claims and disputes can be provided by WorkCover WA Advisory Services on 1300 794 744 or [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au), trade unions, and legal practitioners.

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## Notice Details

Notice date:

Notice issued by:

Postal address:

Email address:

Phone number:

.....

.....

.....

.....

.....

# References

WorkCover WA website – [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au)

Workers Compensation and Injury Management Act 2023 (WA)

Workers Compensation and Injury Management Regulations 2024 (WA)

For further information, please contact a member of the Zurich service team or speak to your broker.



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