

# Tasmanian Injury Notification Form

**WITHIN 72 HOURS OF AN ACCIDENT/INJURY. Fax or email information to Zurich Australian Insurance Limited.**

## Important notes

- This form is required to be completed and forwarded to Zurich Australian Insurance Limited within three (3) days of becoming aware of a work injury that may result in a claim or incapacity to the worker.
- In the event someone is killed, suffers a serious injury or serious illness, or there is a dangerous incident, the incident is reportable and you must immediately contact WorkSafe Tasmania, eg by calling them on 1300 366 322 (refer to Section 38 of the *Work Health & Safety Act 2012* for full details).
- You must give your worker a Notice of Right to Make a Workers Compensation Claim. You must give this form to your worker within 14 days of them telling you about their injury.
- Once your worker has given you their claim and Workers Compensation Medical Certificate you must advise Zurich Australian Insurance within three (3) working days via telephone, email or fax. Send the original completed Claim Form and Workers Compensation Medical Certificate to Zurich Australian Insurance within 5 working days.

## 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 (eg 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 Rehabilitation and Compensation Act 1988* (Tas), *Corporations Act 2001* (Cth), *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.

## 1. Employer details – complete ALL application fields

Name (as per policy)		
ABN	Policy number	
Cost centre		
Address		Postcode
Name of authorised person		
Contact details		
Work	Mobile	Email

## 2. Injured worker details – complete ALL application fields

Surname		Given name(s)	
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth	/ /
Occupation			
Industry in which worker was engaged when accident occurred			
Contact details			
Work	Mobile	Email	

### 3. Accident/Injury details

Injury/disease suffered

Body part affected by Injury/disease

Cause of injury

Date of injury      /      /

Time of injury

am

pm

Exact location injury occurred

### 4. Notify information (if applicable)

Name of person making the initial notification

Relationship to worker or employer

Contact details

Work

Home

Mobile

Email

### 5. Details of nominated doctor treating injured worker

Name of medical practice

Address

Postcode

Name of Doctor

Contact details

Work

Home

Mobile

Email

### 6. Details of treatment

Person providing first aid treatment

Referrals for further treatment

### 7. Witness details

Name

Position held with the business

Contact details

Work

Home

Mobile

Email

Save File

Print Form