

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

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 No If 'Yes', when? / / Time am pm

Has worker resumed work? Yes No If 'Yes', when? / / Time am pm

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 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 or contact the WorkCover Infoline on 1300 794 744.
- 11. Please telephone Zurich if you have difficulty completing this form or have any questions.