

NOTIFICATION OF INJURY

This form is to be completed when an injury occurs in the workplace and you would like to notify us of the details.

Please complete this form within 48 hours of the injury occurring and email it to workerscompclaims@iag.com.au or fax it to 1300 038 395.

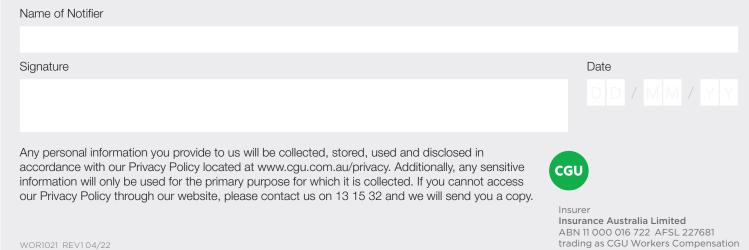
Please ensure you answer all questions in full, where applicable. If a particular question does not apply, please write N/A in the space provided. If additional space is required, please attach a separate sheet.

This is a notification only and further supporting information is required to lodge a claim, please contact us or visit our website for information on lodging a claim.

Employer details		
Policy Number	Cost Centre/Dept Code	ABN
Name of employer		
Address		
		Postcode
Contact Person	Telephone No.	Email address
Injured person details		
Mr Mrs Miss Ms	Gender Male Female	Date of birth D D / M M / Y Y
Surname	First name	
Address		
		Postcode
Telephone No. Email	address	
Injury/Accident details		
Date of Injury D D / M M / Y Y	Time of injury	
Was there any time lost from this incident?	Yes No	
If so, please advise:		
the date ceased work $\hfill\square$ \square $\hfill\square$ $\hfill\square$ $\hfill\blacksquare$	the date resumed wo (if applicabl	
If resumed work, please confirm:		
returned to pre-injury role	at work normal hours, suitable duties	at work on reduced hours & duties
Is this incident likely to become a claim?	Yes No	

Description of injury & body location (eg. strained back, lacerated finger)	
Address where incident occurred	
	Postcode
Were there any witnesses to the incident? Yes No If yes, please advise:	
Contact Person Position	
Telephone number Email Address	
Treating doctor details	
Name of treating doctor & address	
	Postcode
Telephone number Email Address	
Hospital name & address (if hospitalised)	
	Postcode
Treatment details	
What treatment was provided?	
Has treatment ceased? Yes No	
Declaration	

I have read the information provided in this form. I declare that the information supplied in this form, and any attachments to this form, is true and correct to the best of my knowledge.



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