When does an Employer need to report a workplace injury?
If an accident has caused the death of a person or serious bodily injury, you should notify ACT WorkCover as soon as possible by phone or other practical means.
Injury and Dangerous Occurrence Report Forms must be submitted as soon as practicable, but not later than 7 days after the event.
The injured Worker must give notice to their Employer as soon as possible. Details of the injury are entered in the Register of Injuries. The Employer must give notice to their insurer within 48 hours of receiving notification. See Information Bulletin 11.09 Register of Injuries and Early Notification for written confirmation details.

When does an Employer have to lodge a claim?
An Employer must forward a claim to the relevant insurer within 7 days of receipt.

What does an Employer have to do to lodge a claim?
The Employer must give notice to their insurer within 48 hours of receiving notification of an injury.
If the injury results in the Worker becoming incapacitated for work for 7 days, the Insurer must make contact with the injured Worker, Employer and (if appropriate and practical) the Worker’s nominated treating doctor, within 3 business days.
If a claim form is lodged, the Employer must send the claim form to their insurer within 7 days of receiving the claim from the injured Worker.
If the Worker’s injury is a significant injury, the Employer and Worker must take part in the establishment of a Personal Injury Plan by the insurer and comply with reasonable obligations under this plan. The Personal Injury Plan is also developed with the assistance of an approved Rehabilitation Provider.
The Employer must provide suitable duties for the injured Worker, if requested, within six months after date of injury.

What does a Worker have to do to lodge a claim?
The injured Worker must give notice to their Employer as soon as possible. Details of the injury are entered in the Register of Injuries.
The injured Worker obtains a claim form from their Employer and an approved medical certificate from their nominated treating doctor. The Worker completes the claim form, attaches the certificate and gives it to their Employer.
The insurer accepts or rejects the claim within 28 days.
If the Worker’s injury is a significant injury, the Employer and Worker must take part in the establishment of a Personal Injury Plan by the Insurer and comply with their reasonable obligations under this plan. The Personal Injury Plan is also developed with the assistance of an approved Rehabilitation Provider.

How is a claim lodged?
There is no prescribed form for lodging a claim. Each Insurer provides its own claim form.

What happens next?
Insurers must either accept or reject a Worker’s claim for compensation within 28 days. If a claim is not rejected within 28 days, the insurer is taken to have accepted the claim.
For further information

<table>
<thead>
<tr>
<th>Contact options</th>
<th>Publications &amp; forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Visit your Approved Insurer’s website.</td>
<td><strong>Register of Injuries and Early Notification:</strong></td>
</tr>
<tr>
<td>• Call, email, or fax your approved Insurer for information and publications</td>
<td><a href="mailto:workcover@act.gov.au">workcover@act.gov.au</a>&gt; Workers comp&gt; Info bulletins&gt;</td>
</tr>
<tr>
<td>• Call WorkCover: Telephone (02) 6205 0200; Facsimile (02) 6205 0336; Email</td>
<td>Register of injuries and early notification</td>
</tr>
<tr>
<td><a href="mailto:workcover@act.gov.au">workcover@act.gov.au</a></td>
<td><strong>Worker’s Compensation - Claims Process and Benefits:</strong></td>
</tr>
<tr>
<td>• Visit the WorkCover ACT website:</td>
<td><a href="mailto:workcover@act.gov.au">workcover@act.gov.au</a>&gt; Workers comp&gt; Info bulletins&gt; Worker’s</td>
</tr>
<tr>
<td><a href="http://www.workcover.act.gov.au">www.workcover.act.gov.au</a></td>
<td>compensation - claims process and benefits</td>
</tr>
</tbody>
</table>
When does an Employer need to report a workplace injury?

- employer is required to notify agent/insurer within 48 hours of an injury
- employer must notify WorkCover immediately of serious incidents
- injury notification can be filed by an injured worker or their representative or employer
- notification does not require a claim form and can be written, electronic or verbal
- how to notify work-related incidents: a website link is provided under the “For further information” section of this guidance note.

When does an employer have to lodge a claim?

Must forward claim form to agent/insurer within seven days of receipt from injured worker.

What does an employer have to do to lodge a claim?

- employer must notify agent/insurer within 48 hours of an injury. If notification is made five days or more after the employer becomes aware of the injury an excess equivalent to one week of the injured worker’s weekly compensation will apply
- provide agent/insurer with medical certificate (if provided by injured worker) within seven days
- provide further information to agent/insurer if requested within seven days
- provide agent/insurer with ongoing medical certificates, receipts and accounts for medical and other treatment within 7 days.

What does a worker have to do to lodge a claim?

- notify the employer as soon as possible
- record the injury/illness in the employer’s register of injuries
- obtain a WorkCover medical certificate
- participate in injury management plan provided by agent/insurer
- comply with agent’s/insurer’s requests regarding their claim
- submit a written claim form if the agent/insurer requests one eg:
  a. if agent/insurer notified 2 months after the injury
  b. if weekly payments exceed 12 weeks or medical expenses exceed $7,500
  c. if agent/insurer decides to not start or stops provisional liability payments and the worker disagrees
- claims should be made within 6 months of date of injury. This can be extended to 3 years in special circumstances
- permanent Impairment claim form is required to lodge a claim for permanent impairment

How is a claim lodged?

Before making a claim, the injured worker or their representative must advise the employer that an injury has occurred and provide medical information. An injured worker does not, in most cases, need to send a written claim form to the agent/insurer to receive workers compensation. Instead, once the agent/insurer has been told of an injury (by the employer, the worker or a third party), the following will occur:

- provisional liability payments will start within seven days (for most injured workers)
- the agent/insurer will investigate the facts and decide to either continue or stop further payments. Most of the information that the agent/insurer needs to make a decision about workers compensation will be available from the employer, the
worker and the treating doctor.

What happens next?

When notified of an injury, an agent/insurer must:

- contact worker and employer and consult with the treating doctor within 3 days
- commence provisional liability payments of weekly benefits and medical expenses within 7 days unless there is a reasonable excuse
- develop injury management plan if significant injury
- investigate facts and decide to either continue or stop further payments
- decide how long provisional liability payments will continue, up to a maximum of 12 weeks, if claim form submitted after commencement of provisional liability.

For further information

<table>
<thead>
<tr>
<th>Contact options</th>
<th>Publications &amp; forms</th>
</tr>
</thead>
</table>
| **Incident Notification**
  - phone WorkCover IMMEDIATELY on 13 10 50 for serious incidents
| **Injury/Claims**
  - contact employer’s agent/insurer for workers compensation in NSW
  - contact your employer or the return to work coordinator at your workplace
  - contact your union
| **Call the WorkCover Assistance Service on 13 10 50**
  - call the WorkCover Assistance Service on 13 10 50 should you experience difficulty once the claim has been submitted
| **WorkCover Assistance Service on 13 10 50**
  - call the WorkCover Assistance Service on 13 10 50 should you experience difficulty once the claim has been submitted
When does an Employer need to report a workplace injury?

The employer must notify the NT WorkSafe as soon as practicable of the occurrence of a reportable incident by phoning 1800 019 115. The employer must also provide WorkSafe written notification on the incident, in an approved form (FM137), within 48 hours after its occurrence. See information bulletin 09.01.04 Legislation - notification of incidents and accidents for guidance on reportable incidents.

Section 64 of the Workplace Health and Safety Act (the Act) sets out the criteria for incidents (including work related accidents) that are reportable to the Authority. It is an offence to fail to report an incident that meets any of these criteria and penalties apply.

The purpose of the requirements to notify WorkSafe of certain incidents is to ensure that the regulator is made aware of situations where there has been either a death or serious injury or there was a potential for this to occur. This enables WorkSafe to make sure that causes are identified and appropriate action taken to prevent such incidents in the future. WorkSafe may also investigate a workplace incident to determine whether those with duties under the Act have met those duties and take whatever further action is appropriate in the circumstances.

Under the Act, a ‘reportable incident’ is any of the following circumstances:

- A work-related accident (as above); or

- An incident at a workplace creating a risk of a work-related accident and consisting of:
  - a major structural failure or collapse; or
  - an explosion, implosion or fire; or
  - the escape, spillage or leakage of a harmful, or potentially harmful, substance; or
  - the fall of an object from a height; or
  - the failure of a system on which the health or safety of workers is dependent (such as a ventilation system in a mine); or

- An electric shock suffered at the workplace; or

- An incident classified by the regulations as a reportable incident - Regulation 46 requires an accident involving a hazardous activity for which a risk management plan is required to be reported under this section.

When does an Employer have to lodge a claim and what do they have to do?

Upon receiving the claim from a worker and completing the employers section of the claim form the employer has 3 working days in which to lodge the claim with their insurer.

What does a Worker have to do to lodge a claim?

The worker must complete the first two pages of the claim form, sign the medical authorisation and hand or post the claim form to their employer. If the worker is claiming lost time benefits a prescribed workers’ compensation initial medical certificate must accompany the claim form. A worker should keep a copy of the claim for their records.

How is a claim lodged?

The employer has 3 working days from receiving the claim form from the worker to lodge the claim on their insurer.

What happens next?

The insurer will make a decision on the claim within 10 working days of the employer receiving it and advise the worker in writing if the claim is accepted, rejected or deferred.

For further information
### Contact options
- Call NT WorkSafe: Free call 1800 250 713; Facsimile (08) 8999 5141; Email: worksafe@nt.gov.au

<table>
<thead>
<tr>
<th>Publications &amp; forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit the contacts listed to the left to access information forms and publications</td>
</tr>
</tbody>
</table>
When does an Employer need to report a workplace injury?
An employer must report an incident resulting in a serious bodily injury, a work caused illness, or an incident or dangerous event within 24 hours of becoming aware of the incident. The injury must be reported to Workplace Health and Safety. This can be done online at http://www.deir.qld.gov.au/workplace/incidents/incidents/notify/index.htm

When does an Employer have to lodge a claim?
An Employer must report an injury within eight days.

What does an Employer have to do to lodge a claim?
- Lodge a claim online at www.workcoverqld.com.au
- Call WorkCover Queensland to lodge a claim over the phone
- Complete a Claim form and send it to WorkCover Queensland with a Workers’ Compensation Medical Certificate

What does a Worker have to do to lodge a claim?
- Complete a claim form then send it to WorkCover, give it to their Employer, or let their doctor lodge it, or
- Call WorkCover to complete an over the phone lodgement, or
- Lodge an application online: www.workcoverqld.com.au

How is a claim lodged?
Claims can be lodged by:
- Online at www.workcoverqld.com.au
- Phone: by calling 1300 362 128
- Through a doctor’s surgery
- Mail: to GPO Box 2459, Brisbane Qld 4001
- Fax: to 1300 651 387

What happens next?
WorkCover Queensland will SMS the injured worker their claim number when the claim is received (if a mobile number is provided). Once an injured worker has lodged their claim, WorkCover Queensland have 20 business days to make a decision on the claim. Most claims are decided on within five days. If the claim is accepted, it may be managed by WorkCover Queensland customer services centre to assist with return to work.

For further information

<table>
<thead>
<tr>
<th>Contact options</th>
<th>Publications &amp; forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit WorkCover Queensland’s website: <a href="http://www.workcoverqld.com.au/claims/Claimshowe/Statutoryclaims/Lodgingaclaim">www.workcoverqld.com.au/claims/Claimshowe/Statutoryclaims/Lodgingaclaim</a></td>
<td>Visit the contacts listed to the left to access information forms and publications.</td>
</tr>
<tr>
<td>Call WorkCover Queensland on 1300 362 128.</td>
<td></td>
</tr>
</tbody>
</table>
When does an Employer need to report a workplace injury?

Any work related death or injury, that requires admittance to hospital as an inpatient, or from exposure to any substance that causes acute symptoms, must be reported to SafeWork SA within 24 hours.

Examples of 'dangerous occurrences' include:

- the collapse, overturning or failure of the load-bearing capacity of cranes, hoists or scaffolding
- the damage to, or malfunction of, other major plant or equipment
- the collapse of a floor, wall or ceiling of a building used as a workplace
- an electrical short, malfunction or explosion
- an uncontrolled explosion, fire or escape of gas, steam or other hazardous substance

SafeWork SA’s Emergency Telephone hotline is available 24 hours a day: 1800 777 209.

When does an employer have to lodge a claim?

An Employer is required to lodge a claim with the claims Agent (Employer’s Mutual Limited) - within five business days after receipt of the employee’s Worker Report Form. Failure to do so may incur a penalty of $1000, and imposition of a supplementary levy.

What does an employer have to do to lodge a claim?

The Employer must forward the Worker Report Form to WorkCover’s sole claims Agent, Employer’s Mutual, along with the employee’s WorkCover Medical Certificate (if applicable) and a completed Employer Report Form.

Failure to follow this procedure may result in a $1000 penalty.

What does a worker have to do to lodge a claim?

A Notice of Disability can be given to the employer, the claims agent or to WorkCover verbally or in writing, but must include the:

- Day the disability/injury occurred
- Place where the disability/injury occurred
- Nature of the disability/injury
- Cause of the disability/injury

The Notice of Disability is incorporated within the Worker Report Form along with the Claim for Compensation.

If the worker has been unable to work because of the injury, a WorkCover Medical Certificate from the treating doctor must be included together with the Worker Report Form.

These forms must be completed and given to the employer within six months of the entitlement for a claim arising.

All incidents, accidents, disabilities and death occurring at work or because of work must be reported within 24 hours, or as soon as possible, to the employer.

It is important for the notifier to ensure that the employer has also been provided with the details in the Worker Report Form if they are notifying WorkCover or Employers Mutual directly.

How is a claim lodged?

A claim can be lodged by calling WorkCover Early Claim on 13 18 55, or by completing a Worker Report Form. This can be completed by hand or online.
The three copies of the form must be distributed - the employee will keep one for their personal records, one signed copy must be given to the employer and the third signed copy must be sent to WorkCover, either by post or facsimile.

Within five business days of receiving the employee’s Worker Report Form, the employer must forward it, any accompanying documentation, and a completed Employer Report Form to the claims Agent.

What happens next?

Once a claim is lodged, the claims Agent will consider it and determine whether to accept or reject the claim. This determination will be made, wherever practicable, within 10 business days after the date of receipt of the claim.

The claims determination letter will be sent directly to the worker and a copy sent to the employer.

If extra time or information is required before the claim can be determined, both the employee and employer will be notified.

If the claim is accepted, health care and appropriate compensation payments will begin immediately.

Provisional liability

Provisional liability started from 1 January 2009 and applies to all new claims received on or after this date. This change to legislation refers to a process in which WorkCover or the self-insured employer begins paying weekly payments within seven calendar days (in most cases) of an injury being reported, unless the mandatory information is not given at the time the injury is reported or a ‘reasonable excuse’ not to start payments applies. The provisional payment of medical and other expenses was also introduced at this time.

Medical expenses that are reasonable and necessary and for the management of the injury can also be claimed to a maximum of $5,000. There is no time limit in which these expenses can be incurred, as long as the $5000 limit is not exceeded. If the worker has paid for necessary medical treatment, the claims agent or self insured employer should reimburse the worker within 14 calendar days after the worker requests payment or in accordance with the self-insured employer’s policies and procedures.

For further information

<table>
<thead>
<tr>
<th>Contact options</th>
<th></th>
<th>Publications &amp; forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>§ Contact SafeWork SA’s 24 hour emergency telephone hotline 1800 777 209 for any reportable injuries or incidents within 24 hours</td>
<td>All claims forms and instructions for their completion are available at WorkCover SA’s website: <a href="http://www.workcover.com.au">www.workcover.com.au</a>&gt; Workers&gt;What next&gt; All you need to know about what happens after an injury at work&gt; Getting better&gt; All you need to know about an injury post 12 weeks</td>
<td></td>
</tr>
<tr>
<td>§ A claim can be lodged by calling WorkCover Early Claim on 13 18 55</td>
<td></td>
<td>Visit the WorkCover website for the following forms and publications:</td>
</tr>
<tr>
<td>§ Visit WorkCover’s website under ‘Life cycle of a claim’ by completing a Worker Report Form online or in hard copy: <a href="http://www.workcover.com.au">www.workcover.com.au</a>&gt; Injury and return to work&gt; Lifecycle of a claim&gt; Lodging a claim&gt; Worker claim application</td>
<td>Rights and Responsibilities for Workers: <a href="http://www.workcover.com">www.workcover.com</a>&gt; Employer Responsibilities&gt;Rights and Responsibilities</td>
<td></td>
</tr>
<tr>
<td>§ Employers Mutual Limited Level 15, 26 Flinders Street, Adelaide SA GPO Box 2575, Adelaide SA 5001 Phone: (08) 8127 1100 Fax: (08) 8127 1200</td>
<td>WorkCover Medical Certificate: <a href="http://www.workcover.com">www.workcover.com</a>&gt; Health Provider&gt;TREAT Home&gt;The WorkCover System&gt;WorkCover Medical Certificates</td>
<td>Employer Report Form: <a href="http://www.workcover.com">www.workcover.com</a>&gt; Workers&gt;Forms&gt;Employer report form</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rights and Responsibilities for Employers: <a href="http://www.workcover.com">www.workcover.com</a>&gt; Employer&gt;Employer Responsibilities&gt;Rights and Responsibilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Injured Worker Booklets: <a href="http://www.workcover.com">www.workcover.com</a>&gt; Workers&gt;Injured at Work Booklet</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recovery: <a href="http://www.workcover.com">www.workcover.com</a>&gt; Workers&gt;Road to Recovery Booklet</td>
</tr>
</tbody>
</table>
When does an Employer need to report a workplace injury?

If, at a workplace, a person is killed or suffers serious bodily injury or illness; or a dangerous incident occurs as a result of which a person could have been killed or could have suffered serious bodily injury or illness, a Workplace Standards Tasmania Inspector must be notified via the quickest means available.

The person notifying an inspector must provide the inspector with written notification of the particulars within 48 hours after the occurrence of the death, injury, illness or incident.

"serious bodily injury or illness" means an injury or illness that disables a person to the extent that as a consequence of that injury or illness the person is subject to a period of admission to hospital as an in-patient.

When does an Employer have to lodge a claim?

Upon receipt of a completed Workers Compensation Claim Form from an employee.

What does an Employer have to do to lodge a claim?

Complete the employer section of the Workers Compensation Claim Form and forward it to their insurer within five days of receipt from the injured worker.

What does a Worker have to do to lodge a claim?

Provide notice of the injury to their employer as soon as practicable after the occurrence of the injury and before the worker has voluntarily left the employment in which he suffered the injury.

Complete and submit to the employer a Workers Compensation Claim Form together with a Medical Certificate, as soon as possible and within six months of the date of injury.

An employer who refuses, hinders, prevents or attempts to hinder or prevent an employee from obtaining a claim form or making or pursuing a claim may be fined.

How is a claim lodged?

Claims must be lodged on the prescribed form together with a Workers Compensation Medical Certificate.

What happens next?

If the worker is incapacitated for work the employer must commence making weekly payments of benefits.

An employer who wishes to dispute liability must within 84 days of receiving the claim:

- notify the injured worker by writing of their intention to dispute the claim and the reasons for disputing liability; and
- refer the matter to the Tribunal.

Weekly payments of benefits must continue unless the Tribunal determines otherwise.

The insurer must forward a copy of the claim to the WorkCover Tasmania Board within 5 working days of receipt.
For further information

<table>
<thead>
<tr>
<th>Contact options</th>
<th>Publications &amp; forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Call/email/fax your licensed insurer or insurance broker for information and publications.</td>
<td></td>
</tr>
<tr>
<td>• Call the Workplace Standards Tasmania Helpline on 1300 366 322 (inside Tasmania) or (03) 6233 7657 (outside Tasmania) to obtain information &amp; publications.</td>
<td></td>
</tr>
<tr>
<td>• Visit the WorkCover Tasmania website <a href="http://www.workcover.tas.gov.au">www.workcover.tas.gov.au</a></td>
<td></td>
</tr>
</tbody>
</table>
When does an Employer need to report a workplace injury?

An Employer must immediately notify WorkSafe on 132360 when they become aware of any incident at a workplace which results in:

- The death of any person: or
- A person requiring medical treatment within 48 hours of exposure to a substance: or
- A person requiring medical treatment as an in patient in a hospital: or
- A person requiring immediate medical treatment for the amputation of any part of his or her body, a serious head injury, a serious eye injury, the separation of his or her skin from underlying tissue (such as degloving or scalping ), electric shock, a spinal injury, the loss of body function, serious lacerations, or any other injury to a person or other consequences prescribed by regulations

All injuries and illnesses should be recorded in the Employer’s register of injuries.

When does an Employer have to lodge a claim?

An Employer is required to lodge a claim with their WorkCover Agent within 10 days of having received the Worker’s Injury Claim Form if any time off work is required or medical expenses are likely to exceed $546* (correct as at 1 July 2007. This amount is indexed annually as at 1 July each year)

If the claim is for medical expenses only, and is not likely to exceed $546.00, then the claim must be submitted within three months (minor claim).

What does an Employer have to do to lodge a claim?

- An Employer must complete an Employer Injury Claim Report and the Employer section of the Worker’s Injury Claim Form
- An Employer is required to lodge both forms together with the Certificate of Capacity (if a time lost claim) with their WorkCover Agent within 10 days of having received the Worker’s Injury Claim Form the worker.

What does a Worker have to do to lodge a claim?

- The Worker is required to record the injury/illness in the register of injuries
- The Worker must complete and submit a Worker’s Injury Claim Form, together with a Certificate of Capacity (where there is time lost from work) as soon as possible to the Employer
- A Worker can notify the WorkCover Agent directly of a claim where there is time lost from work by sending the early notification copy of the Worker’s Injury Claim Form and a copy of any Certificates of Capacity once the Worker has submitted the original claim form to the Employer
- If an Employer is not available or refuses to accept a claim form from a Worker, the Worker can lodge their claim directly with the VWA / Agent

How is a claim lodged?

Claims can only be lodged on the prescribed forms: the Worker’s Injury Claim Form and the Employer Injury Report Form, which must be accompanied by a Certificate of Capacity for time lost claims. Claims can be lodged by mail or manual delivery.

What happens next?

- The WorkCover Agent must register the claim and determine if it is valid within two days of receipt
- The WorkCover Agent has 28 days, from receipt of a valid claim for weekly payments, to accept or reject liability for the claim and give written notice of the decision to the Worker and the Employer
- The WorkCover Agent has 60 days from receipt of the claim to accept or reject medical expenses only claims
- The Employer must pay the first 10 days of incapacity and $546 of medical expenses. This is called the Employer excess.
- The Employer must pay an injured Worker their entitlement to weekly payments of compensation within 7 days of the claim liability being accepted, and thereafter at a frequency or at intervals as if the Worker was at work.
- The Worker must submit valid Certificates of Capacity to be entitled to ongoing weekly payments of compensation.

For further information

<table>
<thead>
<tr>
<th>Contact options</th>
<th>Publications &amp; forms</th>
</tr>
</thead>
</table>
When does an Employer need to report a workplace injury?

All deaths and certain types of injury or disease, in connection with work, must be reported to WorkSafe WA. Failure to report could lead to prosecution.

Note: WorkSafe WA is a separate government agency to WorkCover WA.

The types of injuries that must be reported are:

- A fracture of the skull, spine or pelvis
- A fracture of any bone in the arm, other than in the wrists 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
- Any injury other than those referred to 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 the injury occurred

Certain diseases as specified in Schedule 3 Specified Industrial Diseases of the Workers’ Compensation and Injury Management Act 1981 (WCIMA) (for example: lead poisoning, mesothelioma, pneumoconiosis) must be reported to WorkCover WA within 7 days of the Employer becoming aware of a Worker suffering from such a disease.

When does an Employer have to lodge a claim?

The Employer must complete the Employer section of the Worker’s Claim Form and forward it to their insurer within three days of receipt from the injured Worker.

What does an Employer have to do to lodge a claim?

The Employer must complete the Employer section of the Worker’s compensation claim form and forward it to their Insurer within three days of receipt from the injured Worker.

What does a Worker have to do to lodge a claim?

The Worker must complete and submit a Worker’s compensation claim form together with a First Medical Certificate, as soon as possible to the Employer.

If an Employer is unable to be contacted, or refuses to accept a claim from a Worker, the Worker can lodge a dispute application with the WorkCover WA Dispute Resolution Directorate.

How is a claim lodged?

Claims can only be lodged on prescribed forms. The Worker’s compensation claim form should be accompanied by a First Medical Certificate for lost time claims.

What happens next?

The Insurer must, within 14 days of receipt of a claim, notify the injured Worker whether the claim is accepted, denied, or if more time is required to make a decision. If the claim is not accepted after a further 10 days the claim may be deemed to be disputed.

For further information

<table>
<thead>
<tr>
<th>Contact options</th>
<th>Publications &amp; forms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call, email, or fax your Approved Insurer for information and publications</td>
<td>Forms for reporting accidents and/or diseases are...</td>
</tr>
<tr>
<td>Call the WorkCover WA Advisory Service on 1300 794 744 to obtain information &amp;...</td>
<td></td>
</tr>
<tr>
<td>publications</td>
<td>available from the Worksafe website:</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>
| Visit the WorkCover WA website:  
| **Reporting of Accidents/Diseases to Worksafe:**  
Telephone Worksafe WA: (08) 9327 8800, or 1800 198 118  