

Steadfast Taswide

Insurance Brokers



Steadfast Taswide Pty Ltd
 ABN 24 092 613 664
 AFS Licence No. 238451

enquiries@steadfasttaswide.com.au
 www.steadfasttaswide.com.au

WHK Centre, Level 4
 142 Elizabeth Street, **Hobart TAS 7000**
 Ph (03) 6231 3360
 Fax (03) 6231 6053

4 Stewart Street
Devonport TAS 7310
 Ph (03) 6424 8886
 Fax (03) 6423 4005

1st Floor, 75 Wilson Street
Burnie TAS 7320
 Ph (03) 6431 1888
 Fax (03) 6431 3444

237-241 Wellington Street
Launceston TAS 7250
 Ph (03) 6334 6111
 Fax (03) 6334 8811

First Report of Injury

Please note that you should return this form or a copy of your own injury report form without the need for a completed claim form or medical certificates within 3 days of becoming aware of a work injury that may result in a claim or incapacity to the worker.

However, we would request that you forward this additional information within 3 days of receiving the completed claim form from the worker.

| | | | |
|--|--|--|----------------|
| Insurer Name: | | Policy No: | Client Code: |
| Workers Details | | | |
| Surname: | | Given Name: | |
| Address: | | Suburb: | |
| Telephone: | | Mobile: | |
| Occupation: | | Date of Injury: | D.O.B |
| The worker is a: <input type="checkbox"/> Direct Employee <input type="checkbox"/> Working Director <input type="checkbox"/> Subcontractor | | | |
| How did the injury occur? | | | |
| Describe the worker's injury or condition (eg. Strained right knee) | | | |
| Worker's Wage Details | | | |
| Normal Weekly Earnings: | | Ordinary Time Rate of Pay Per Week: | |
| Normal Weekly Hours: | | Average Days Worked Per Week: | |
| Employer's Details | | | |
| Business Name: | | | |
| Address: | | | |
| Contact Person: | | Tel./Mob: Tel: | Mob: |
| Is the injured worker currently off work? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Returned: |
| Doctor's Details (if known) | | | |
| Treating Doctor's/Hospital Name: | | Telephone: | |
| Notifier's Details: | | | |
| Person making Notification: | | | |
| Relationship to Worker or Employer: | | | |
| Signature: | | Date: | |