

# Steadfast Taswide



## Insurance Brokers

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### 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.

Insured Name:		Policy No:		Client Code:	
<b>Workers Details</b>					
Surname:			Given Name:		
Address:			Suburb:		
Telephone:			Mobile:		
Email:					
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)					
<b>Worker's Wage Details</b>					
Normal Weekly Earnings:			Ordinary Time Rate of Pay Per Week:		
Normal Weekly Hours:			Average Days Worked Per Week:		
<b>Employer's Details</b>					
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:
<b>Doctor's Details (if known)</b>					
Treating Doctor's/Hospital Name:			Telephone:		
<b>Notifier's Details:</b>					
Person making Notification:					
Relationship to Worker or Employer:					
Signature:			Date:		