Steadfast Taswide Insurance Brokers

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

Email enquires@stib.com.au
Internet www.steadfasttaswide.com.au

142 Elizabeth Street
Hobart TAS 7000
Ph (03) 6231 3360
Fax (03) 6231 6053

75 Wilson Street
Burnie TAS 7320
Ph (03) 6431 1888
Fax (03) 6431 3444

12 Don Road
Devonport TAS 7310
Ph (03) 6424 8886
Fax (03) 6423 4005

156 George Street
Launceston TAS 7250
Ph. (03) 6334 7988
Fax (03) 6331 6967

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:
Workers Details		
Surname:	Given Name:	
Address:	Suburb:	
Telephone:	Mobile:	
Occupation:	Date of Injury:	D.O.B
The worker is a: ☐ Direct Employee ☐ Working Director ☐ 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? ☐ Yes ☐ 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:	