

First contact notification

(Workers Compensation excluding QLD, SA & VIC)

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



NOTE: You will also need to complete a claim form and submit it to QBE if this notification is likely to give rise to a claim for compensation. Claim forms are **available on our website**. For assistance please call: +61 2 9375 4444 or see the **Help section** on our website. Email form to: mywcclaim@qbe.com, or use the 'Submit Form' button.

Please fill out the form below as complete as possible.

Injured worker details

	First name	Last name		
Name* (Block letters)				
Gender*	Male	Female	Date of birth*	
Postal address*				
		State	Postcode	
Occupation*				
	Home number*		Work number	
	Mobile		Email	
Worker's average earnings (last 12 months)*				
	Award rate		Preferred language	
Currently off work*	Yes	Do you expect more than 5 working days off for this injury?*	Yes	No
	No		Notification only (no lost time or medical costs)	

Employer details

Business name*		QBE policy number*	
	Phone number*	Mobile	
	Fax	Email	
Business address*			
		State	Postcode
Contact name			
	Contact number	Cost centre	
Wages to be reimbursed via wage reimbursement schedule?*	Yes	No	

Medical and injury details

Date of injury*		Date notified employer*		Time of injury*	
Address of injury*					
		State	Postcode		
How did the injury occur?*					
Worker's condition*					
Part(s) of body affected?*					
Date of first medical treatment		Time of treatment			
Doctor / Hospital					
		State	Postcode		

Person making notification

First name		Last name	
Contact number		Relationship	

Declaration

Privacy legislation protects personal and sensitive information on this form that could reasonably identify you to another person. QBE will only use or disclose your personal information for purposes that would reasonably be expected during the claim process. We may need to share your information with our agents or service providers who may also be involved with your claim. This could include rehabilitation providers, medical practitioners, investigators, solicitors and other insurers. If we need to use the information for another purpose, we will ask you for your permission first. You will be provided with the opportunity to access your personal information (some restrictions and costs may apply). In respect of any complaint that you may have regarding your personal information, QBE will provide you with our dispute resolution procedures. If you would like any further information or if you have any concerns about how QBE is managing your personal information, please contact us:

In NSW by email NSWWCComplaints@qbe.com or by telephone: 02 8862 8415.

All other states by email enquiries@qbe.com or by telephone 133 723.

Note: You will be prompted to complete mandatory fields (highlighted in red) and confirm the sender details when you click on the 'Submit Form' button.