Workers Compensation and Injury Management Act 2023

LIABILITY DECISION NOTICE – ACCEPTED

## Worker

|  |  |
| --- | --- |
| Name: |   |
| Address: |   |
| Date of birth: |   |
| Phone number: |   |
| Email address: |   |

## Employer

|  |  |
| --- | --- |
| Name: |   |
| Address: |   |
| ABN: |   |

## Claim

|  |  |
| --- | --- |
| Insurer: |   |
| Insurer claim number: |   |
| Date of injury: |   |
| Date claim given to insurer: |   |

|  |  |
| --- | --- |
| Date of notice: |   |

## LIABILITY DECISION

In relation to the above claim we accept the employer is liable to compensate you for the injury.

We accept / do not accept *[delete as applicable]* the employer is liable for payment of income compensation for incapacity for work resulting from the injury.

## Compensation

Compensation includes:

* **Reasonable medical and health expenses**. Please provide the claim number above to the health provider or practitioner for these expenses to be paid. Other forms of compensation are subject to eligibility.
* **Income compensation.** If income compensation liability is accepted, income compensation is payable from the date of incapacity. Payments will commence within the next 14 days and thereafter on the next usual pay day with the first payment including payments accrued from the date of incapacity.

## Further Information

If liability for income compensation has been accepted and you commence any remunerated work for another employer, you must give notice to your employer or the insurer (see below for contact details).

Advice or assistance on workers compensation claims and disputes can be provided by WorkCover WA Advisory Services on 1300 794 744 or [www.workcover.wa.gov.au](https://www.workcover.wa.gov.au), trade unions, or legal practitioners.

## Notice Details

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| Notice issued by: |   |
| Email address: |   |
| Phone number: |   |
| Web: |  |