Workers Compensation and Injury Management Act 2023

Workplace fatality – additional information notice

## Claimant

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

## Worker

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Date of birth: |  |

## Employer

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| ABN: |  |
| Phone number: |  |
| Email address: |  |

## Claim

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

## NOTICE

In relation to the above claim we are informing you that a decision on whether liability is to be accepted for this claim is not able to be made within the time allowed as we require some additional information from you.

Additional information required and reason(s):

|  |  |  |
| --- | --- | --- |
|  | Medical documents: |  |
|  | Non-medical documents: |  |
|  | Information on dependant(s): |  |
|  | Information on other potential claimants: |  |

We will make a decision on the claim as soon as practicable after receiving the information or document(s) listed above.

If you have any questions about the status of your claim or the documents or information we have requested please contact us. For general advice please contact WorkCover WA’s Advice and Assistance Service on 1300 794 744 or visit [www.workcover.wa.gov.au](http://www.workcover.wa.gov.au)

## Notice Details

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