



Notification of Workers Compensation Claim Acceptance: Potential Catastrophic Notification completed under Section 30A(4)(b) – *Motor Vehicle and Workplace Accidents (Catastrophic Injuries) Act 2016* by an authorised representative acting on behalf of a licensed insurer or self-insurer. This form is to be submitted by email to mvcisupport@icwa.wa.gov.au

The Catastrophic Injury Support Scheme provides necessary and reasonable treatment, care and support for people who have sustained eligible catastrophic injuries of the following types; spinal cord injury, traumatic brain injury, amputations, burns or permanent blindness arising from a workplace accident on or after 1 July 2024.

1. Details of the workplace insurer / employer / accident

This form was completed by:

Full Name	Position	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurer / Self-Insurer Details	Employer	Claim Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurer Email	Insurer Phone	
<input type="text"/>	<input type="text"/>	

2. Acceptance of Liability

Date Claim Received	Date Liability Accepted / Determined
<input type="text"/>	<input type="text"/>

Attach the following:

- Copy of the Workers Compensation Claim Form
- Liability Acceptance Notice / Arbitrator Determination
- Certificates of Capacity
- Medical Reports

3. Personal details of the injured worker

First Name(s)	Surname/Family Name	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Number	Gender	Language
<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit No	Street No	Street Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential Town / Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Injury details

Spinal cord injury

- Permanent neurological deficit

Traumatic Brain Injury

- Recorded post-traumatic amnesia is greater than seven days (clinically validated scale)
- A significant brain imaging abnormality or evidence of a very significant impact to the head causing coma for longer than one hour

Amputation/s (or equivalent brachial plexus / lumbosacral avulsions)

- Single forequarter amputation / shoulder disarticulation
- Single amputation of the lower limb through or above 65% of the femur
- Multiple (two or more)

Burns

- Full thickness burns greater than 40% of total body surface area
- Inhalation burns causing long-term respiratory impairment
- Full thickness burns to the hands, face or genital area

Permanent Legal Blindness

- Evidenced by Snellen Scale / Visual Acuity Report

Current Location

If known, please identify the contact person from the hospital treating team for communication with the Insurance Commission (for example the consultant, clinical nurse, case manager or social worker).

Full Name

Position

Contact Email

Contact Phone