Workers Compensation and Injury Management Act 2023

Refusal of indemnity notice

## 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: |   |

## INDEMNITY REFUSAL

In relation the above claim we confirm our refusal to indemnify the employer for the employer’s liability to pay:

|  |  |
| --- | --- |
| [ ]  | Compensation |
| [ ]  | Damages |
| The reasons for refusing indemnity are: |  |
|   |

## Notice Details

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

*Note: This notice must be submitted to WorkCover WA, the worker and the employer within 5 days after the decision to refuse indemnity has been made by the insurer. A fine of $5,000 may apply for non-compliance.*