Workers Compensation and Injury Management Act 2023

REQUEST FOR information – potential liability

## Applicant

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

## Worker details

|  |  |
| --- | --- |
| Name: |   |
| Address: |   |
| Date of Birth: |   |

## Claim details

|  |  |
| --- | --- |
| Date of injury: |   |
| Claim number: |   |
| Date claim received: |   |

## Common law claim details

|  |  |
| --- | --- |
| Has an action for damages commenced by worker? | [ ]  Yes [ ]  No |

|  |  |
| --- | --- |
| If yes, date action commenced: |   |

## Information request

|  |
| --- |
| The applicant requests relevant information to identity the worker’s employer and whether the employer was insured with respect to each entity and each specified time or period as specified below.  |

**LIST OF ENTITIES**

**Entity 1**

|  |  |
| --- | --- |
| Employer’s full name: |   |
| ABN/ACN: |   |
| Former company name(s): |   |
| Trading name(s): |   |
| Industry and location: |   |
| Specified time(s) / period(s): |   |

**Entity 2**

|  |  |
| --- | --- |
| Employer’s full name: |   |
| ABN/ACN: |   |
| Former company name(s): |   |
| Trading name(s): |   |
| Industry and location: |   |
| Specified time(s) / period(s): |   |

**Entity 3**

|  |  |
| --- | --- |
| Employer’s full name: |   |
| ABN/ACN: |   |
| Former company name(s): |   |
| Trading name(s): |   |
| Industry and location: |   |
| Specified time(s) / period(s): |   |

*If information on more than 3 entities is required, please include details on a separate page.*