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.*