Workers Compensation and Injury Management Act 2023

LIABILITY DECISION NOTICE — NOT ACCEPTED

## 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: |   |

## LIABILITY DECISION

In relation to the above claim we do not accept the employer is liable to compensate you for the injury.

Reason(s) and details:

|  |  |  |
| --- | --- | --- |
| [ ]  | Not a worker: |   |
| [ ]  | Not an injury under the Act: |   |
| [ ]  | Not in course of employment: |   |
| [ ]  | Other reason(s): |   |

## Provisional Payments

If provisional income compensation payments are being paid, they will cease from the date of this notice. Medical and health expenses incurred after the date of this notice will not be reimbursed.

## Further Information

If you wish to dispute an aspect of this decision, the matter can be reconsidered under our internal dispute resolution process. Information on this process is available by contacting the person below.

The decision can also be disputed through WorkCover WA’s Conciliation and Arbitration Services.

Advice or assistance on workers compensation claims and disputes can be provided by WorkCover WA Advisory Services on 1300 794 744 or [www.workcover.wa.gov.au](https://www.workcover.wa.gov.au), trade unions, or legal practitioners.

## Notice Details

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