GOVERNMENT OF WESTERN AUSTRALIA | WorkCoverWA

2 Bedbrook Place
Shenton Park
Western Australia 6008
workcover.wa.gov.au

telephone 08 9388 5555
advisory services 1300 794 744
TTY 08 9388 5537

*Workers Compensation and Injury Management Act 2023*

# APPROVED FORM [s. 496]

### Request for Information – Potential Liability

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for a request to WorkCover WA under section 503(2) of the *Workers Compensation and Injury Management Act 2023* regarding details of the insurer on risk for a particular employer for a specified time period is **Request for Information – Potential Liability** in Appendix 1.

The **Request for Information – Potential Liability** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form ID2 – v1 [D2024/130691].

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

5 June 2024

*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:

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ABN/ACN:

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Former company name(s):

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Trading name(s):

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Industry and location:

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Specified time(s) / period(s):

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### Entity 2

Employer's full name:

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ABN/ACN:

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Former company name(s):

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Trading name(s):

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Industry and location:

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Specified time(s) / period(s):

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### Entity 3

Employer's full name:

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ABN/ACN:

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Former company name(s):

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Trading name(s):

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Industry and location:

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Specified time(s) / period(s):

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