

**ZURICH**[®]

Early Injury Notification Form

Register of Injuries

WITHIN 48 HOURS OF AN ACCIDENT/INJURY. Fax or email information to Zurich Australian Insurance Limited.

Important notes

- Section 92 and 93 of the Workers Compensation Act 1951 (the Act) requires a Register of Injuries to be kept at workplaces. It can also be used as a way of informing an employer of a workplace injury, as required by the Act. The employer is required to provide the information requested by this form to an insurer within 48 hours of an injury occurring. The information contained on it can be read by anyone with access to the register.
- An employer shall maintain, in accordance with the regulations, a record of each accident or dangerous occurrence in respect of which the employer is required, by section 86(1) of the Occupational Health and Safety Act 1989.

Privacy statement and consent

Zurich is bound by the *Privacy Act 1988*. We collect, disclose and handle information, and in some cases personal or sensitive (eg health) information, about you ('your details') to manage and investigate claims, administer policies, comply with our legal obligations, contact you and enhance our products and services ('Purposes'). If you do not provide your information, we may not be able to do those things. By providing us, our representatives or your intermediary with information, you consent to us using, disclosing to third parties and collecting from third parties your details for the Purposes.

We may disclose your details, including your sensitive information, to relevant third parties including your intermediary, policy owners, affiliates of Zurich Insurance Group Ltd, insurers, reinsurers, our service providers, our business partners, health practitioners, your employer, parties affected by claims, government bodies, regulators, law enforcement bodies and as required by law, within Australia and overseas.

We may obtain your details from relevant third parties, including those listed above. Before giving us information about another person, please give them a copy of this document. Laws authorising or requiring us to collect information include the *Insurance Contracts Act 1984*, *Anti-Money Laundering and Counter-Terrorism Financing Act 2006*, *Corporations Act 2001*, *Autonomous Sanctions Act 2011*, *A New Tax System (Goods and Services Tax) Act 1999* and other financial services, crime prevention, trade sanctions and tax laws.

Zurich's Privacy Policy, available at www.zurich.com.au or by telephoning us on 132 687, provides further information and lists service providers, business partners and countries in which recipients of your details are likely to

1 Employer details – complete ALL application fields

Name (as per policy)

ABN

Policy number

Cost centre

Address

Postcode

Name of authorised person

Contact details

Work

Mobile

Email

2 Injured worker details

Surname

Given name(s)

Male ☐ Female ☐

Date of birth

/ /

Occupation

Industry in which worker was engaged when accident occurred

Contact details

Work

Mobile

Email

3 Accident/Injury details

Injury/disease suffered

Body part affected by Injury/disease

Cause of injury

Date of injury

/ /

Time of injury

☐

am

☐

pm

Exact location injury occurred

4 Notify information (if applicable)

Name of person making the initial notification

Relationship to worker or employer

Contact details

Work

Home

Mobile

Email

5 Details of nominated doctor treating injured worker

Name of medical practice

Address

Postcode

Name of Doctor

Contact details

Work

Mobile

Email

6 Details of treatment

Person providing first aid treatment

Referrals for further treatment

7 Witness details

Name

Position held with the business

Contact details

Work

Home

Mobile

Email