Insurance Commission of Western Australia

Government Insurance Division

Level 13, Forrest Centre
221 St Georges Terrace
Perth WA 6000

GPO BOX K837
Perth WA 6842

Tel: (08) 9264 3333
icwa.wa.gov.au

Workers' Compensation Claim Advice Slip

Worker details

Last name:	First name:
Phone:	Email
Date of birth:	Date of injury/recurrence:
Employer:	Date of lodgement with employer:
Address:	

Acceptance of claim recommended: Yes ☐ No ☐ Uncertain ☐

If no or uncertain, please state reasons:

Employee status

☐ Industrial award	Hours per week:		
☐ Non-industrial award			
☐ Permanent	Invoicing rate:		
☐ Temporary – end date:	Rate of pay	$	weeks 1-13
☐ Contract – end date:	Rate of pay	$	week 14 ongoing
☐ External contractor			

Signed:	Date: