



Insurance Commission
of Western Australia

Government Insurance Division

Online Claims Submission and Injury Management System - eClaims

User guide

[Workers Compensation Claims](#)

[Motor Claims](#)

[Property Claims](#)

[Agency Reports](#)

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Online Claim Submission overview

The Government Insurance Division Online Claim Submission and Injury Management System, also known as eClaims, is a user interface which allows users to access the following features for Motor, Property and Workers' Compensation claims:

- view and track existing claims,
- lodge and submit new claims,
- query payments and estimates and
- update some claim information.

In addition to the above features there is a provision to view agency Cover Documents and Performance Reports.

User Guide

This document details step by step instructions on how to use eClaims. However, there are also Fact Sheets, Workflows and FAQ's available from the menu ribbon within eClaims.

Access

eClaims can be accessed from [ICWA's website](#) through the Agency Login page.

Logging in

To log into eClaims

- ⇒ Key in your Login ID and Password (provided by ICWA)
- ⇒ Press the Enter (or Return) Key on your Keyboard or
- ⇒ Select Login

The screenshot shows the 'Client Login' interface for the Insurance Commission of Western Australia. At the top, there is a header with the government logo and the text 'Insurance Commission of Western Australia'. Below this is a blue banner with 'INSURANCE COMMISSION OF WA EXTERNAL CLAIMS'. The main content area contains a 'Client Login' form. The form has a warning: 'Please do not upload password protected documents.' It includes two input fields: 'Login ID:' with the value 'icw' and 'Password:' with masked characters. Below the fields are 'Login' and 'Manage Password' buttons. There are also sections for 'New User?' and 'Need help logging in?' with contact details. The footer includes 'WA.GOV.AU', 'Privacy | Disclaimer', and 'All contents copyright Insurance Commission of Western Australia. All rights reserved.'

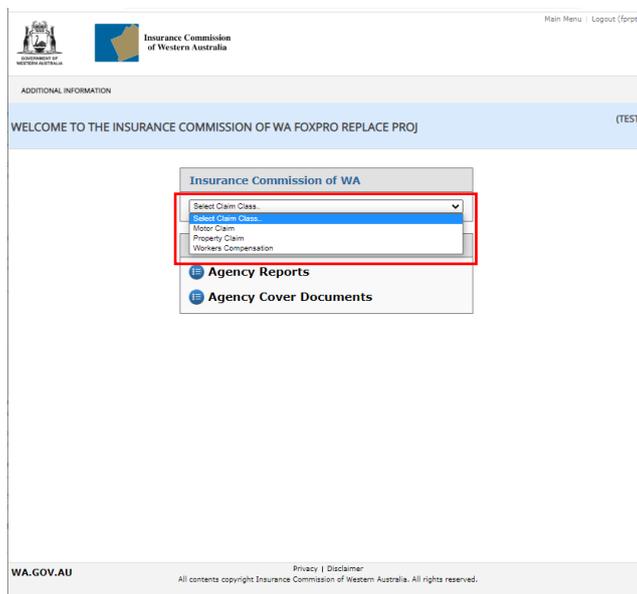
Your Login ID and Password are case sensitive and are both organised by Government Insurance Division. To arrange a new account please contact your Client Relationship Advisor.

If you have forgotten your Login ID or Password then select Manage Password and follow the prompts.

Navigating the Main Menu

The Main Menu is where you indicate what class of insurance you are wanting to work with. The options will reflect your access i.e. if you do not have access to Motor claims, Motor Claim will not appear in your list.

Once you have selected your class of insurance (or Claim Class) you will be provided with a list of relevant features.



Workers' Compensation Claims

Within Workers' Compensation Claims you have the following features:

1. [Initiate Worker Claim](#) – Provide the worker with an online claim form and information pack
2. [List Worker Claims](#) – A list of all worker claims that are yet to be submitted to the Insurance Commission
3. [Query Worker Claim](#) – Query a specific worker claim
4. [Submit Claim](#) – Submit a workers claim to the Insurance Commission
5. [Submit Recurrence Claim](#) – Submit a recurrence of injury claim to the Insurance Commission
6. [Query Claim](#) – Query a submitted claim
7. [List Submitted Claims](#) – A list of all claims submitted claims for your agency
8. [Claim Estimates](#) – Query current estimate and cost details for a specified claim
9. [Claim Payments](#) – A list of all payments and services for a specified claim



The screenshot shows the 'Insurance Commission of WA' portal for 'Workers Compensation'. It features a dropdown menu for 'Workers Compensation' and a list of navigation options with icons: '+ Initiate Worker Claim', 'List Worker Claims', 'Query Worker Claim' (with a 'Receipt No' input field), '+ Submit Claim', '+ Recurrence Claim', 'Query Claim' (with a 'Claim No' input field), 'List Submitted Claims', 'Claim Estimates', and 'Claim Payments'.

Claim Submission Methods

There are three claim submission methods:

1. **The Devolved Model** – the worker accesses the online claim form from your agency's intranet. The worker completes the online claim form, attaches relevant documents and sends it to their employer. Line managers complete sections of the employer report form online (optional), and then you complete it, attach relevant documents and submit the claim using eClaims.
2. **Initiate Worker Claim** – you initiate the claim by providing an online claim form to the worker. The worker completes the online claim form, attaches relevant documents and sends it to their employer. You complete the employer report form online, attach relevant documents and submit the claim using eClaims.
3. **Submit Claim** – the worker has completed a paper claim form. You complete the employer report form online, attach relevant documents and submit the claim using eClaims.

Agencies no longer submit claims using email or post.

In each submission method the worker serves their claim to their employer. The worker does not submit the claim directly to the Insurance Commission.

The table below outlines the features of each claim submission method:

Submission Method	Worker accesses online claim form independently	Worker completes claim form online	Employer completes employer report form online	Emails are auto generated	There is a Safety Net ¹	Worker is aware of the status of their claim	Worker is notified of the claim number via email
The Devolved Model	✓	✓	✓	✓	✓	✓	✓
Initiate Worker Claim	✗	✓	✓	✓	✓	✓	✓
Submit Claim	✗	✗	✓	✗	✗	✗	✗
Email/Post	✗	✗	✗	✗	✗	✗	✗

Additional access requirements

Setting up multiple agency access – the name of an agency may change or there may be an amalgamation with another agency. A claim may arise now for an injury that occurred when the agency went by another name. The person who is responsible for submitting claims may need to have access set up for multiple agencies.

Access for others from your agency – There will be times when you are absent from work and unable to submit workers’ compensation claims. There are strict timeframes for agencies to submit claims, so consider others from your agency who should have an account to submit claims in your absence.

A shared email address - The Devolved Model and the Initiate Worker Claim submission method generates emails to the person who is responsible for submitting claims to us. To accommodate for circumstances when the person is absent from work or unable to submit claims, the email is also sent to an agency’s shared email address (e.g. workerscompclaims@agency.gov.wa.au). When setting up your access to eClaims, please provide your shared email address to us. You will also need to arrange for internal staff to have access to the shared email address.

Confirm sections from the employer report form that line managers complete – The Devolved Model allows for line managers to complete parts of the employer report form online. You will need to confirm which sections from the form line managers will be expected to complete.

Initiate Worker Claim

You have been notified of an injury and you initiate the claim submission process. An email is sent to the worker with a link to the online claim form and an information pack.

To initiate a worker claim

- ⇒ Select Initiate Worker Claim

¹ When an injured worker submits an online claim form, the Insurance Commission has a record that the claim has been completed or lodged to the employer. A report is generated that lists all claims where four days has transpired from the date the claim was completed or lodged to the employer. This “safety net” allows us to remind you that the claim must be submitted as soon as possible.

Insurance Commission of WA

Workers Compensation

+ Initiate Worker Claim

List Worker Claims

Query Worker Claim Receipt No

Submit Claim

Recurrence Claim

Query Claim Claim No

List Submitted Claims

Claim Estimates

Claim Payments

- ⇒ Select your Agency
- ⇒ Indicate if the claim is for a Personal Injury or Artificial Aids (i.e. damaged spectacles)
- ⇒ Complete the (mandatory) fields
- ⇒ Attach documents that you want to provide to the worker
- ⇒ Add comments for the worker
- ⇒ Select Initiate Claim

Complete the following to provide the worker with information on how to lodge a workers compensation claim and to allow the worker to lodge their claim form electronically

Select the agency the worker is employed by *

Is the claim for Personal Injury or Artificial Aids Only? Personal Injury Artificial Aids Only *

Workers Details

Surname: *

Given Names: *

Email Address: *

Confirm Email Address:

Employee Number:

Site:

Documents for Worker

Email Attachment No file chosen

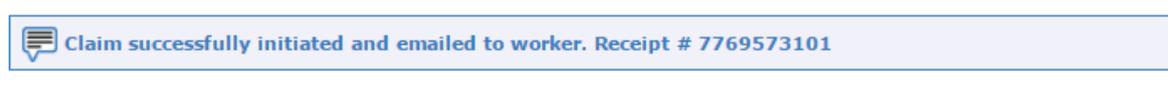
File Type	File Name	Uploaded	By	Del
No results were returned.				
1-1 of 0				

Comments for Worker

255 characters remaining

- Note (1): Ensure you enter the workers correct email address. You will not receive a copy of the sent email to the worker.*
- Note (2): Entering a Site on initiate it will help you sort the claims in List Worker Claims e.g. Enter the School (Perth Senior High School, PSHS) or the Region (South West, East Metro).*
- Note (3): Any attachments or comments provided on this page will be sent directly to the worker via email.*

You will be provided with the following message:



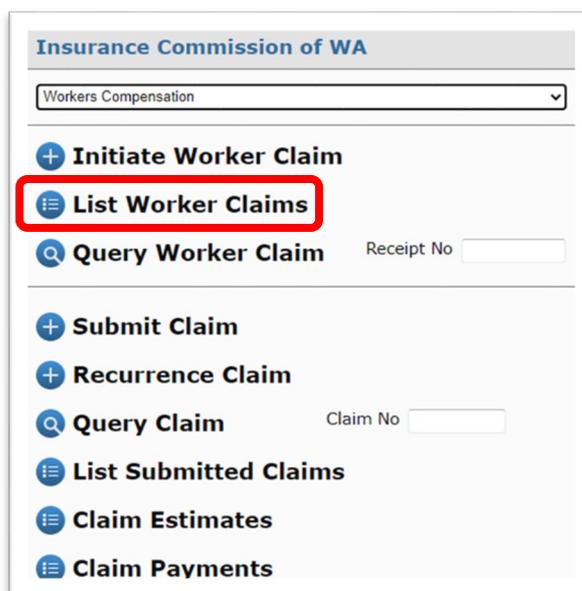
After the worker has completed the online claim form, you will receive an email to notify you and advise that you are required to complete an online employer's report form.

List Worker Claims

This lists all claims that are in the process of being submitted, but have not yet been submitted. It includes those claims that you have initiated (from [Initiate Worker Claim](#)) or claims that you have created and saved manually (from [Submit Claim](#)). You can select a claim from the list, complete the employer report form online and submit the claim.

Claims that have been submitted are found on the [List Submitted Claims](#).

⇒ Select List Worker Claims



⇒ [View the results](#) of all claims currently underway.

Search Fields
 Receipt Number: Workers' Surname: Workers' Given Name(s):
 Filter By: Claim Form Created Claim Form In Progress Claim Form Completed Lodged to Employer Manually Entered Claim Form

Receipt Number	Agency	Site	Status	Worker	Employee Number	Date Initiated	Date of Accident	Date 28 completed	
8604261824	Child & Adolescent Community Health	Wachs-MIDWEST	Lodged to Employer	furball, fritz	A12345	22/06/2017	01/04/2014	22/06/2017	<input type="button" value="Delete"/>
5284640222	Department of Education	South Metro	Manually Entered Claim Form	Jetta, Lewis	123456789123		31/05/2016		<input type="button" value="Delete"/>
3228017844	Child & Adolescent Community Health	WACHS Midwest	Lodged to Employer	Furball, Denise	A12345	26/06/2017	01/04/2016	26/06/2017	<input type="button" value="Delete"/>

Note (1): You can use the headers to sort your results.

- ⇒ [Query the Results](#) if you cannot see the claim you're looking for
 - ⇒ Enter the Receipt Number, if known, and select Search or
 - ⇒ Enter the Workers' Name and select Search or
 - ⇒ Filter by status/s and select Search
- ⇒ [Select a Result](#) if you would like to view the Employers Report Form
 - ⇒ Select the Receipt Number

Receipt Number

⇒ [Delete a Workers claim](#) if the claim is no longer required

Note (2): You cannot recover deleted claims. If you accidentally delete the incorrect claim then you will need to [initiate another worker claim](#) or [submit claim](#) as a manual (paper) claim.

Note (3): these are workers claims, they have NOT been submitted to the Insurance Commission.

⇒ Select the Delete button

Search Fields
 Receipt Number: Workers' Surname: Workers' Given Name(s):
 Filter By: Claim Form Created Claim Form In Progress Claim Form Completed Lodged to Employer Manually Entered Claim Form

Receipt Number	Agency	Site	Status	Worker	Employee Number	Date Initiated	Date of Accident	Date 2B complete	
8604261824	Child & Adolescent Community Health	Wachs-MIDWEST	Lodged to Employer	furball, fritz	A12345	22/06/2017	01/04/2014	22/06/2017	<input type="button" value="Delete"/>
526454222	Department of Education	South Metro	Manually Entered Claim Form	Jetta, Lewis	123456789123		31/05/2016		<input type="button" value="Delete"/>
3228017844	Child & Adolescent Community Health	WACHS Midwest	Lodged to Employer	Furball, Denise	A12345	26/06/2017	01/04/2016	26/06/2017	<input type="button" value="Delete"/>

⇒ Provide a Delete Reason

Confirm Delete

Are you sure you wish to delete this claim that has not been submitted to RiskCover? You will not be able to recover this claim once it is deleted, the process will need to start again.

Delete Reason:

- Duplicate entry
- Worker not progressing with claim
- Claim is a recurrence of injury claim
- Requested Paper Form
- Other

⇒ Select Confirm

You will be provided with the following message:

 You have successfully deleted the Receipt Number 5564821439. If required, please notify the worker to ensure they are aware the claim has not been submitted to RiskCover.

Query Worker Claim

Note (1): The Receipt number is available in the email notifications

To Query a Worker Claim

- ⇒ Enter the Receipt No
- ⇒ Press the Enter (or Return) Key on your Keyboard or
- ⇒ Select Query Worker Claim

Insurance Commission of WA

Workers Compensation

- Initiate Worker Claim
- List Worker Claims
- Query Worker Claim**
- Submit Claim
- Recurrence Claim
- Query Claim
- List Submitted Claims
- Claim Estimates
- Claim Payments

⇒ [Complete Employers Report Form](#)

Submit Workers Compensation Claim

This submission method is used for new claims and when a worker has completed a paper claim form.

To submit a Workers Compensation Claim:

- ⇒ Select Submit Claim



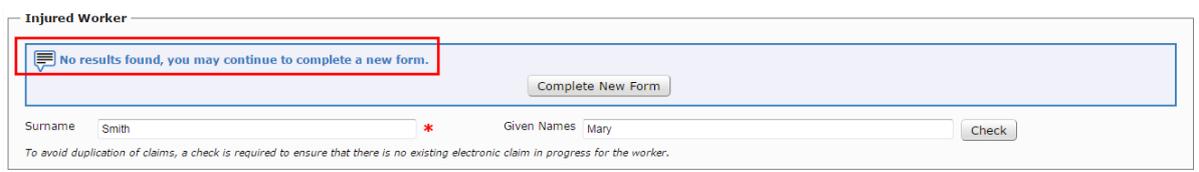
The screenshot shows the 'Insurance Commission of WA' interface. At the top, there is a dropdown menu set to 'Workers Compensation'. Below this, a list of options is displayed: '+ Initiate Worker Claim', 'List Worker Claims', 'Query Worker Claim' (with a 'Receipt No' input field), '+ Submit Claim' (highlighted with a red box), '+ Recurrence Claim', 'Query Claim' (with a 'Claim No' input field), 'List Submitted Claims', 'Claim Estimates', and 'Claim Payments'.

- ⇒ Enter the Workers' Surname and Given Names
- ⇒ Select Check



The screenshot shows the 'Injured Worker' form. At the top, there are 'Receipt No' and 'Query' buttons. The form contains two input fields: 'Surname' (with a red asterisk) and 'Given Names'. A 'Check' button is located to the right of the 'Given Names' field. Below the fields, a note reads: 'To avoid duplication of claims, a check is required to ensure that there is no existing electronic claim in progress for the worker.' A 'Reset' button is at the bottom left.

If there are no existing worker claims for that worker then you will get the following message:



The screenshot shows the 'Injured Worker' form with a message box at the top that says 'No results found, you may continue to complete a new form.' The message box and the 'Complete New Form' button are highlighted with red boxes. Below the message box, the 'Surname' field contains 'Smith' and the 'Given Names' field contains 'Mary'. A 'Check' button is to the right of the 'Given Names' field. The same note about claim duplication is present at the bottom.

- ⇒ Select Complete New Form
- ⇒ [Complete Employers Report Form](#)

If there is an existing worker claim for that worker then you will get the following message:



The screenshot shows the 'Injured Worker' form with a message box at the top that says 'One result was found, what would you like to do?'. The message box and the 'Query Result' button are highlighted with red boxes. Below the message box, the 'Surname' field contains 'smith' and the 'Given Names' field contains 'mary'. A 'Check' button is to the right of the 'Given Names' field. The same note about claim duplication is present at the bottom.

If you would like to view the result

- ⇒ Select Query Result

- ⇒ Review the Employer Report Form details

If it is the correct worker claim

- ⇒ [Complete Employers Report Form](#)

If it is not the correct worker

- ⇒ Select Reset

- ⇒ Enter the Workers' Surname and Given Names
- ⇒ Select Check
- ⇒ Select Complete New Form
- ⇒ [Complete Employers Report Form](#)

If there are multiple existing worker claims for that worker then you will get the following message:

To view the existing worker claims

- ⇒ Select List Results and
- ⇒ View results in [List Worker Claims](#)

Search Fields

Receipt Number: [input] Workers' Surname: [input] Workers' Given Name(s): [input]

Filter By: Manually Entered Claim Form Claim Form Created Claim Form In Progress Claim Form Completed Lodged to Employer

Receipt Number	Agency	Site	Status	Worker	Employee Number	Date Initiated	Date of Accident	Date 2B Completed	
8007286099	Bentley Hospital		Manually Entered Claim Form	Moore, Adam			16/06/2014		Delete
9174776810	Busseton Water Corporation		Manually Entered Claim Form	Santana, Carlos					Delete
7938274636	Midwest Development Commission	here there & everywhere	Claim Form Completed	Davies, Iva		28/03/2017	01/03/2017	28/03/2017	Delete
8261633851	Osborne Park Hospital		Manually Entered Claim Form	quinn, peter	ddd				Delete

If there are no duplicates i.e. same name, different worker then

- ⇒ Select Submit Claim from the side menu

Receipt Number	Agency	Site	Status
9692454879	Public Trustee		Claim Form Created
9860479827	Public Trustee		Claim Form Created
6019995524	Public Trustee		Claim Form Created
7810579535	Public Trustee		Claim Form Created

- ⇒ Enter the Workers' Surname and Given Names
- ⇒ Select Check
- ⇒ Select Complete New Form
- ⇒ [Complete Employers Report Form](#)

Complete Employers Report Form

Note (1): Some details will be prepopulated if the worker has completed an online workers' claim form or if there is a previously saved Employers Report Form for that worker.

- ⇒ Advise if claim is for personal injury or artificial aids
- ⇒ Select your agency and its major activity
- ⇒ Complete the form, ensuring all mandatory fields have been entered – indicated by a red asterisk

The screenshot shows the 'Injured Worker' form with several fields highlighted by red boxes and red asterisks to indicate they are mandatory:

- Injured Worker:** Surname (smith) and Given Names (Mary).
- Claim Type:** Is the claim for Personal Injury or Artificial Aids Only? (Radio buttons for Personal Injury and Artificial Aids Only).
- Agency Details:** Agency (Please Select Agency) and Major Activity.
- Claim Documents:** Workers' Compensation Claim Form, 1st Certificate of Capacity, and Select other attachment type.
- Injured Worker Additional Details:** Gender (Male/Female), Employee Number, Site, Occupation, Risk Code, and Secondary Risk Code.
- Employment Conditions:** How was the worker employed?, More details if 'Other' employment status specified, Workers' employment type, Working status, Date First Employed, Number of hours worked each day, Number of days worked each week, Have you commenced paying weekly compensation?, and Select which is applicable to your agency or to the worker.
- Occurrence Details:** Occurrence Date and Time, Town/Suburb, and Hours the employee worked prior to occurrence.

Note (2): you are able to save your progress. Refer to Save Employers Report Form.

- ⇒ Attach relevant documents
 - ⇒ Choose file and upload
 - ⇒ For other attachment types, select from the list, choose the file and upload

The screenshot shows the 'Claim Documents' section of the form. Red boxes highlight the 'Choose file' buttons and the 'Upload' buttons for each document type: Workers' Compensation Claim Form, 1st Certificate of Capacity, and Select other attachment type.

Note (3): Go to [Action/Upload Documents](#) for further information

- ⇒ Select submit

Agency Authorisation/Declaration

I declare that I am a person authorised to submit this claim to RiskCover and have provided information truthfully and to the best of my knowledge.

Agency Name

Name:

Position:

Phone:

Email:

Submit Date: Last Updated:

If the claim has been submitted successfully you will be provided with the following message and a claim number will be immediately allocated.

Claim No:

(0004) Add successful

Claim Status

Claim Number: Claim Status: Receipt Number:

If the claim has not been submitted successfully you will be provided with the issue/s and reason/s (see [Error Handling](#) for assistance). You must amend the claim form and then resubmit the claim. If you are unable to rectify the issues please contact the Insurance Commission.

Save Employers Report Form

Note (1): to re-access a saved employer Report Form go to [List Worker Claims](#)

If you are unable to complete the Employers Report Form in one sitting you can save your progress.

⇒ Select Save

Receipt No:

Claim Status

Claim Number: Claim Status: Receipt Number:

You will be provided with the following message for new Employer Report Forms:

Receipt No:

Employer Report Form created for manual entry. Receipt # 8007286099

Claim Status

Claim Number: Claim Status: Receipt Number:

You will be provided with the following message for existing Employer Report Forms:

Receipt No:

Update Successful

Claim Status

Claim Number: Claim Status: Receipt Number:

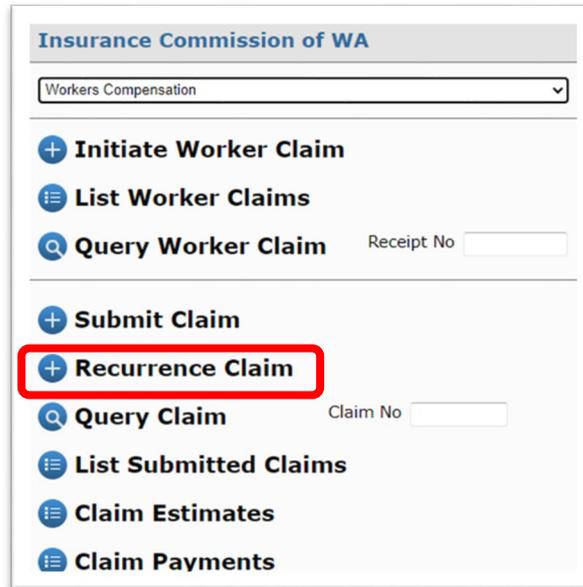
Submit Recurrence Claim

Use this to submit recurrence of injury claims. The workers' recurrence of injury form and other relevant documents can be attached.

Note (1): This form will be prepopulated with the original claim and worker details. You just need to fill in the recurrence details.

To submit a recurrence of injury claim

- ⇒ Select Recurrence Claim



The screenshot shows the 'Insurance Commission of WA' interface. At the top, there is a dropdown menu for 'Workers Compensation'. Below this, there are several menu items: '+ Initiate Worker Claim', 'List Worker Claims', 'Query Worker Claim' (with a 'Receipt No' input field), '+ Submit Claim', '+ Recurrence Claim' (highlighted with a red box), 'Query Claim' (with a 'Claim No' input field), 'List Submitted Claims', 'Claim Estimates', and 'Claim Payments'.

- ⇒ Enter the Claim Number and the Recurrence Date
- ⇒ Press the Enter (or Return) Key on your Keyboard or
- ⇒ Select Query



The screenshot shows the 'Search Fields' section of the form. It contains two input fields: 'Claim Number:' with the value '14/16480' and 'Recurrence Date:' with the value '15/05/2015'. Below these fields is the text 'Date required for new and previous occurrences'. To the right of the input fields are two buttons: 'Query' (highlighted with a red box) and 'Reset'.

You will be given the following message and a new form will appear.

- ⇒ Complete the form, ensuring all mandatory fields have been entered – indicated by a red asterisk

Query Successful – No match found. Complete Form below.

Search Fields
 Claim Number: 14/16480 Recurrence Date: 15/05/2015 [Query] [Submit] [Save] [Reset]
 Date required for new and previous occurrences

Agency Details
 Agency: Osborne Park Hospital Major Activity: sdfsd

Claim / Worker Details
 Claim Number: 14/16480 [Being Added] [HT1] Site of Injury:
 Surname: * Given Names: *
 Industrial Agreement: Industrial award, Enterprise Bargaining Agreement (EI) * Weekly Compensation Rate: * [i]

Claim Documents
 Select attachment type [Choose file] No file chosen [Upload]

Document Type	File Name	Uploaded	By	Del
No results were returned.				

 1-1 of 0

The Incident
 Recurrence Date: 15/05/2015
 Date of Lodgement with employer:
 Did claimant cease work? Yes No *
 Date injured worker ceased work:
 Date injured worker returned to work:
 What was the injured worker doing at the time of the incident: *
 What actually happened and what caused the incident? *

⇒ Attach relevant documents

Claim Documents
 Select attachment type [Choose file] No file chosen [Upload]

Document Type	File Name	Uploaded	By	Del
No results were returned.				

 1-1 of 0

⇒ Select Submit

Agency Authorisation/Declaration
 I declare that I am a person authorised to submit this claim to RiskCover and have provided information truthfully and to the best of my knowledge.

Agency Name

Name: rworkers
 Position:
 Phone: 92643549
 Email: rcysadmin@cwa.wa.gov.au
 Submit Date: 04/07/2017 Last Updated

[Submit] [Save] [Reset]

If the claim has not been submitted successfully you will be provided with the issue/s and reason/s (see [Error Handling](#) for assistance). You must amend the claim form and then resubmit the claim. If you are unable to rectify the issues please contact the Insurance Commission.

* The following validation errors have occurred
 • Weekly Compensation Rate has not been filled in.

Search Fields
 Claim Number: 14/16480 Recurrence Date: 15/05/2015 [Query] [Submit] [Save] [Reset]
 Date required for new and previous occurrences

Agency Details
 Agency: Osborne Park Hospital Major Activity: sdfsd

Claim / Worker Details
 Claim Number: 14/16480 [Being Added] [HT1] Site of Injury:
 Surname: Someone * Given Names: Testing *
 Industrial Agreement: Industrial award, Enterprise Bargaining Agreement (EI) * Weekly Compensation Rate: * [i]

If the claim has been submitted successfully you will be provided with the following message:

Recurrence has been submitted

Search Fields

Claim Number: 14/16480 Recurrence Date: 15/05/2015

Date required for new and previous occurrences

Query Recurrence Claim

Note (1): This form will be prepopulated with the original claim and worker details

Note (2): You will be able to [update the recurrence](#) until internal processing at the Insurance Commission has begun.

To query a recurrence of injury claim

- ⇒ Select Submit Recurrence Claim

Insurance Commission of WA

Workers Compensation

- Initiate Worker Claim**
- List Worker Claims**
- Query Worker Claim** Receipt No
- Submit Claim**
- Recurrence Claim**
- Query Claim** Claim No
- List Submitted Claims**
- Claim Estimates**
- Claim Payments**

- ⇒ Enter the Claim number and the Recurrence Date
- ⇒ Press the Enter (or Return) Key on your Keyboard or
- ⇒ Select Query

Search Fields

Claim Number: 14/16480 Recurrence Date: 15/05/2015

Date required for new and previous occurrences

You will be given the following message and a new form will appear.

Query Successful - Match found.

Search Fields
 Claim Number: 14/16480 Recurrence Date: 15/05/2015 [Update] [Reset] [Print]
Date required for new and previous occurrences

Agency Details
 Agency: Osborne Park Hospital Major Activity: sdfsd

Claim / Worker Details
 Claim Number: 14/16480 [Being Added] [HT1] Site of Injury:
 Surname: Someone * Given Names: Testing *
 Industrial Agreement: Industrial award, Enterprise Bargaining Agreement (EI) * Weekly Compensation Rate: \$1,500.00 * i

Claim Documents
 Select attachment type [Choose file] No file chosen [Upload]

Document Type	File Name	Uploaded	By	Del
No results were returned.				

 1-1 of 0

The Incident
 Recurrence Date: 15/05/2015
 Date of Lodgement with employer: 05/07/2017 * i
 Did claimant cease work? Yes No *
 Date injured worker ceased work:

Query Workers' Compensation Claim

Note (1): Querying a claim will take you to the Employers Report Form

To Query a Workers' Compensation Claim

- ⇒ Enter the Claim number and
- ⇒ Press the Enter (or Return) Key on your Keyboard or
- ⇒ Select Query Claim

Insurance Commission of WA

Workers Compensation

- + Initiate Worker Claim
- ≡ List Worker Claims
- 🔍 Query Worker Claim Receipt No []
- + Submit Claim
- + Recurrence Claim
- 🔍 Query Claim Claim No []
- ≡ List Submitted Claims
- ≡ Claim Estimates
- ≡ Claim Payments

If you do not have the claim number then

- ⇒ Select List Submitted Claims

List Submitted Claims

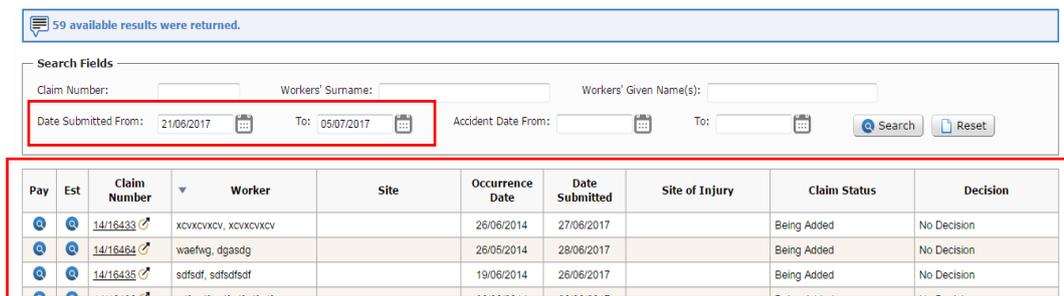
Note (1): You can access the payments and estimates for a claim by selecting the  from the left hand columns.

To see a list of submitted claims for your agency

- ⇒ Select List Submitted Claims



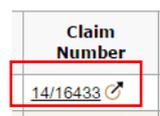
- ⇒ View the results of all claims submitted to the Insurance Commission within the past 2 weeks



The screenshot shows a search results page with a message '59 available results were returned.' Below this is a search form with fields for 'Claim Number', 'Workers' Surname', 'Workers' Given Name(s)', 'Date Submitted From' (21/06/2017), 'To' (05/07/2017), and 'Accident Date From' and 'To'. A 'Search' button and a 'Reset' button are also present. Below the search form is a table with the following columns: Pay, Est, Claim Number, Worker, Site, Occurrence Date, Date Submitted, Site of Injury, Claim Status, and Decision. The first three rows of the table are highlighted with a red box.

Pay	Est	Claim Number	Worker	Site	Occurrence Date	Date Submitted	Site of Injury	Claim Status	Decision
		14/16433	xcvxcvxcv, xcvxcvxcv		26/06/2014	27/06/2017		Being Added	No Decision
		14/16464	waefwg, dgasdg		26/05/2014	28/06/2017		Being Added	No Decision
		14/16435	sdfsdf, sdfsdfsdf		19/06/2014	26/06/2017		Being Added	No Decision

- ⇒ If you cannot see the claims you're looking for then query the results
 - ⇒ Select Reset to clear the dates
 - ⇒ Enter the claim number, if known, and select search or
 - ⇒ Enter the workers name and select Search or
 - ⇒ Filter by date submitted or accident date
- ⇒ If you would like to view the Employers Review Form select a result
 - ⇒ Select the Claim Number hyperlink



Claim Estimates

To see the estimates and cost details of a claim

- ⇒ Select Claim Estimates

Insurance Commission of WA

Workers Compensation

- + Initiate Worker Claim
- ≡ List Worker Claims
- 🔍 Query Worker Claim Receipt No

- + Submit Claim
- + Recurrence Claim
- 🔍 Query Claim Claim No
- ≡ List Submitted Claims
- ≡ Claim Estimates**
- ≡ Claim Payments

- ⇒ Enter a claim number
- ⇒ Press the Enter (or Return) Key on your Keyboard or
- ⇒ Select Search

Search Fields

Claim Number:

You will receive a message that says “Query successful” and the estimates and cost details will display as follows.

Search Fields

Claim Number:

Claim Estimate Details

Accident Date and Time: Time:

Claimant:

Claim Status:

Liability Decision:

Reviewed:

Reviewed (Common Law):

Cost Details

	Estimate	Actual
Compensation	<input type="text" value="\$1,500.00"/>	<input type="text" value="\$0.00"/>
Common Law	<input type="text" value="\$2,000.00"/>	<input type="text" value="\$0.00"/>
Medicals	<input type="text" value="\$2,000.00"/>	<input type="text" value="\$0.00"/>
Voc Rehab	<input type="text" value="\$15,000.00"/>	<input type="text" value="\$0.00"/>
Other	<input type="text" value="\$5,000.00"/>	<input type="text" value="\$0.00"/>
Time Lost		
Weeks	<input type="text" value="3"/>	<input type="text" value="0"/>
Days	<input type="text" value="2"/>	<input type="text" value="0"/>
Hours	<input type="text" value="1.0"/>	<input type="text" value="0.0"/>

Claim Payments

Note (1): when querying a payment at the Insurance Commission quote the payment number or reference number.

To see a list of all payments and services paid against a claim

- ⇒ Select Claim Payments

Insurance Commission of WA

Workers Compensation

- + Initiate Worker Claim
- ☰ List Worker Claims
- 🔍 Query Worker Claim Receipt No
- + Submit Claim
- + Recurrence Claim
- 🔍 Query Claim Claim No
- ☰ List Submitted Claims
- ☰ Claim Estimates
- ☰ Claim Payments**

- ⇒ Enter the Claim Number
- ⇒ Press the Enter (or Return) Key on your Keyboard or
- ⇒ Select Search

Search Fields

Claim Number: Date from: Date to:

Filter by: Compensation Payments Only

- ⇒ View the results of all payments made against that claim

Pay No.	Payee	Min Service from Date	Max Service to Date	Amount Paid	Invoiced Amount	Payment Status	Status Date	Payment Reference
4	Department of Education	12/10/2010	15/10/2010	\$1141.72	\$1141.72	Cheque Retired	01/12/2010	00015127 04008541 89
3	Mohan (Dr)	02/11/2010	02/11/2010	\$61.05	\$61.05	Cheque Retired	17/11/2010	11 02/11/10
2	Mohan (Dr)	15/10/2010	15/10/2010	\$61.05	\$61.05	Cheque Retired	17/11/2010	11 15/10/10
1	Mohan (Dr)	12/10/2010	12/10/2010	\$61.05	\$61.05	Cheque Retired	17/11/2010	03 12/10/10

- ⇒ If you cannot see the payment you're looking for *query the results*
 - ⇒ Filter by date or
 - ⇒ Filter by compensation payments only
- ⇒ If you would like to view all services paid within the payment *select a result*
 - ⇒ Select the payment reference hyperlink

Payment Reference

[00015127 04008541 89](#)

- ⇒ View the results of all services paid within the payment

Payment Details

Claim Number: Payment Number: Payee:

Payment Status: Status Date: Payment Reference:

Payment Type	Service from Date	Service to Date	Amount Paid	Invoiced Amount	Variation Reason
Compensation	12/10/2010	15/10/2010	\$1141.72	\$1141.72	

1-1 of 1

- ⇒ Select Back to return to the payment

Attach / Upload Documents

Note (1): Attach / upload documents are available for Motor, Property and Workers' Compensation claims however the examples used are for Workers' Compensation claims.

Note (2): The mandatory documents required in order to submit the claim to the Insurance Commission are already preselected.

Note (3): A document has been uploaded if it is listed in the table. If it is not listed, select upload.

Note (4): All attachments will be delivered to the Insurance Commission when you submit or update the claim

Note (5): You can only delete documents that you have uploaded.

Note (6): Once you delete a document, it cannot be recovered. You will need to attach / upload again.

To attach / upload documents to the initiate email to the worker

- ⇒ Select Choose file
- ⇒ Select your file and
- ⇒ Select Upload

Documents for Worker

Email Attachment

Choose file No file chosen

Upload

Document Type	File Name	Uploaded	By	Del
No results were returned.				

1-1 of 0

To attach / upload documents to the Employers Report Form

- ⇒ Select an attachment type from the drop down menu

Claim Documents

Workers' Compensation Claim Form

1st Certificate of Capacity

Select other attachment type

- Select other attachment type
- Employers Report Form
- Progress Medical Certificate
- Final Medical Certificate
- Weekly Wages Calc. Sheet
- Witness Report
- Travel Incident Form
- Claim Advice Slip
- Accident/Incident Report
- Other Medical Report
- Return to Work Program
- Initial Rehabilitation Referral Form
- Rehabilitation Report
- Workplace Rehabilitation Referral Form
- Accounts
- Emails/Correspondence
- Other

Choose file No file chosen

Upload

Choose file No file chosen

Upload

Choose file No file chosen

Upload

File Name

Uploaded By Del

No results were returned.

1-1 of 0

Employment Conditions

How was the worker employed? *

More details if "Other" employment status specified

Workers' employment type *

Working status *

- ⇒ Select Choose file
- ⇒ Select your file and
- ⇒ Select upload

Update Forms

Note (1): You can update Motor, Property and Workers' Compensation claims however this example uses the Workers' Compensation Employers Report form.

Note (2): You can also attach more documents as part of an update.

You can update (make changes) to the online forms after you have submitted the claim to the Insurance Commission, as long as the Insurance Commission has not commenced internal processing. To do this:

- ⇒ Query the claim
- ⇒ View the online form
- ⇒ Make the required change/s
- ⇒ Select Update

You will receive the following message and a new Employers Report Form will be created with the file name 'EmployerReportForm_002'. This will be available from the Claim Documents section.

Claim Number [Query](#) [Update](#) [Reset](#)

Change successful

Claim Status

Claim Number Claim Status

Note (3): This function is not to be used to create a new claim. To create a new claim, return to the main menu and select Submit Claim.

Print a Form

Note (1): Printing a form can behave differently depending on the browser you are using and the permissions set up on your computer.

Note (2): You can print Motor, Property and Workers' Compensation claims however this example uses the Workers' Compensation Employers Report form.

To print an online form

⇒ Select the Print Button on the form

Claim No: [Query](#) [Update](#) [Reset](#) [Print](#)

A PDF will be created and you can print the form as you would any other web PDF document

1 / 2

Employers Report Form

Artificial Aids

Agency Details

Agency: Osborne Park Hospital	Major Activity: sdfsd
Site:	
RiskCode: 0400126	Secondary RiskCode:

Claim / Worker Details

Claim number: 14/16480	Employee Number:
------------------------	------------------

Download Forms

Note (1): downloading a form can behave differently depending on the browser you are using and the permissions set up on your computer

Note (2): You can download Motor, Property and Workers' Compensation claims however this example uses the Workers' Compensation Employers Report form.

To download a form

⇒ Select the File Name from the Claim Documents section

Claim Documents

Workers' Compensation Claim Form [Choose file](#) No file chosen

Select other attachment type [Choose file](#) No file chosen

Document Type	File Name
Workers' Compensation Claim Form	WorkersCompensationClaimForm.pdf
Employers Report Form	EmployerReportForm.pdf
Employers Report Form	EmployerReportForm_002.pdf
Employers Report Form	WorkersCompensationClaimForm.pdf

1 - 4 of 4

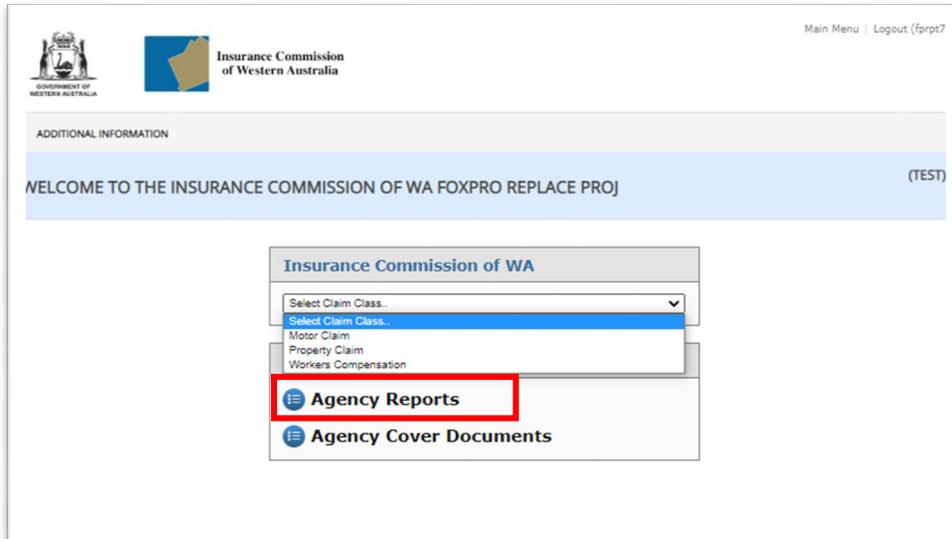
⇒ Select Save



Agency Reports

To access agency reports

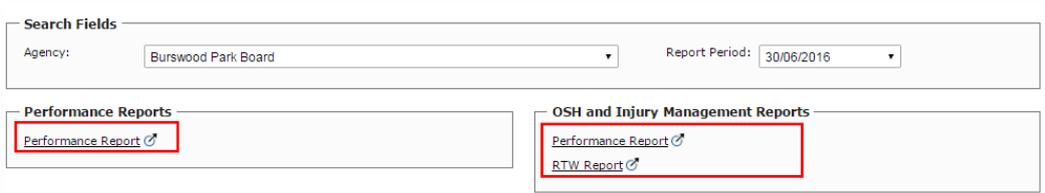
- ⇒ Select Agency Reports from the Main Menu



- ⇒ Select your Agency and the Report Period. The available reports will instantly appear.



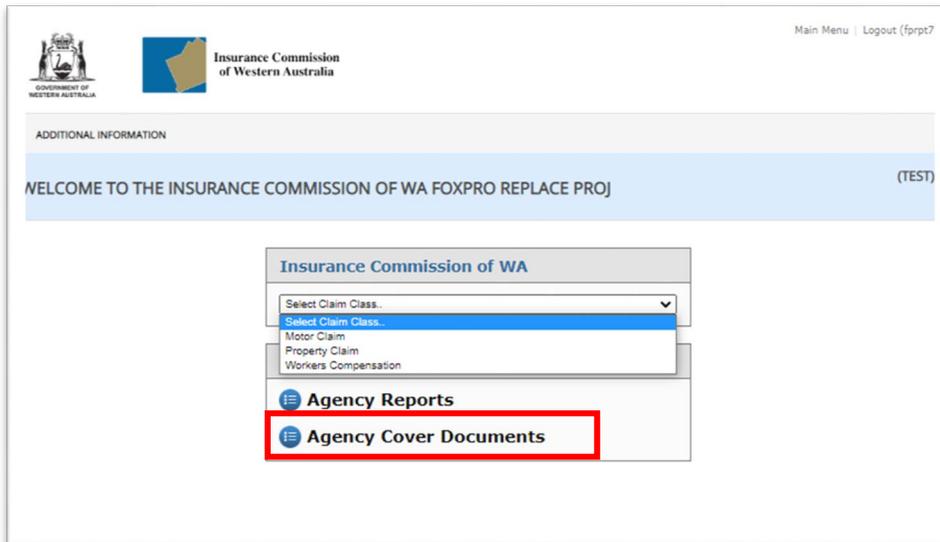
- ⇒ Select the report you wish to view. A PDF will open in a new tab with the report selected.



Agency Cover Documents

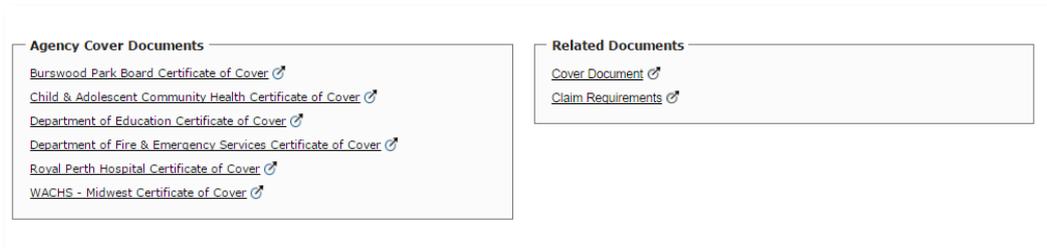
To access agency cover documents

⇒ Select Agency Cover Documents from the Main Menu



The screenshot shows the Insurance Commission of Western Australia website. At the top left is the Government of Western Australia logo. To its right is the Insurance Commission of Western Australia logo. In the top right corner, there is a 'Main Menu | Logout (fprpt7)' link. Below the logos is a section titled 'ADDITIONAL INFORMATION' with a blue banner that reads 'WELCOME TO THE INSURANCE COMMISSION OF WA FOXPRO REPLACE PROJ (TEST)'. In the center, there is a menu titled 'Insurance Commission of WA'. It contains a dropdown menu for 'Select Claim Class.' with options: 'Motor Claim', 'Property Claim', and 'Workers Compensation'. Below this are two menu items: 'Agency Reports' and 'Agency Cover Documents', which is highlighted with a red rectangular box.

⇒ Select the cover document you wish to view. A PDF will open in a new tab with the report selected.



The screenshot shows a page with two sections. The left section is titled 'Agency Cover Documents' and contains a list of links, each with an external link icon: 'Burswood Park Board Certificate of Cover', 'Child & Adolescent Community Health Certificate of Cover', 'Department of Education Certificate of Cover', 'Department of Fire & Emergency Services Certificate of Cover', 'Royal Perth Hospital Certificate of Cover', and 'WACHS - Midwest Certificate of Cover'. The right section is titled 'Related Documents' and contains two links: 'Cover Document' and 'Claim Requirements', both with external link icons.

Motor Claims

Within Motor Claims you have the following features:

1. [Initiate Claim](#) – Provides an employee with the ICWA electronic motor claim form
2. [Submit Claim](#) – submit a new claim to GI
3. [Query Claim](#) – query an existing claim
4. [List Claims](#) – a list of all claims submitted to GI for your agency
5. [Claim Payments](#) – a list of all payments for a specified claim

Initiate Claim

The screenshot shows the 'Insurance Commission of WA' interface. At the top, there is a dropdown menu set to 'Motor Claim'. Below it, a list of actions is displayed: '+ Initiate Motor Claim' (highlighted with a red box), 'Query Employee Claim' (with a 'Receipt No' input field), '+ Submit Claim', 'Query Claim' (with 'Incident/Claim No' input fields), 'Restore Saved Claim', 'List Employee Claims', 'List Submitted Claims', and 'Claim Payments'.

To initiate an employee a claim

- ⇒ Select Initiate Motor Claim
- ⇒ Select your Agency
- ⇒ Select the Claim Type (Agency Vehicle Only, Disposal, Fire & Theft, Third Party Involved, Windscreen Damage)
- ⇒ Complete the (mandatory) fields
- ⇒ Attach documents you may want to provide to the employee
- ⇒ Add comments for the employee
- ⇒ Select Initiate Claim

The screenshot shows the 'Initiate Claim' form. At the top, there is a message: 'Complete the following to provide the employee with information on how to complete a motor claim and to allow the employee to complete the claim form electronically.' Below this, there are two dropdown menus: 'Select the agency the worker is employed by' (set to 'Department of Education') and 'Claim Type' (set to 'Third Party Involved').

The 'Workers Details' section includes input fields for Surname, Given Names, Email Address, Confirm Email Address, Employee Number, and Site. Each of these fields has a red asterisk indicating it is mandatory.

The 'Documents for Worker' section has an 'Email Attachment' area with a 'Choose file' button and an 'Upload' button. Below it is a table with columns for Attachment Type, File Name, Uploaded, By, and Del. The table is currently empty, with a message 'No results were returned.' and '1-1 of 0'.

The 'Comments for Worker' section has a large text area for entering comments, with a '255 characters remaining' indicator at the bottom right.

At the bottom of the form, there is a red-bordered button labeled 'Initiate Claim'.

You will be provided with the following message:



Submit Motor Claim

To submit a Motor Claim:

⇒ Select Submit Claim

A screenshot of the "Insurance Commission of WA" web interface. At the top, there is a dropdown menu set to "Motor Claim". Below it is a list of menu items: "Initiate Motor Claim", "Query Employee Claim" (with a "Receipt No" input field), "Submit Claim" (highlighted with a red box), "Query Claim" (with "Incident/Claim No" input fields), "Restore Saved Claim", "List Employee Claims", "List Submitted Claims", and "Claim Payments".

⇒ Enter the Employee's Surname, Given Names (Registration Number is optional)

A screenshot of the "Employee Details" form. It includes a "Receipt Number" input field, "Query" and "Reset" buttons, and a "Check" button. The "Surname" field contains "Harry" and "Given Names" is empty. A red box highlights the "Check" button. Below the form, there is a "Reset" button and a note: "To avoid duplication of claims, a check is required to ensure that there is no existing electronic claim in progress for the employee."

⇒ Select Check

If there are no existing motor claims added by that employee then you will get the following message:

A screenshot of the "Employee Details" form showing a message: "No results found, you may continue to complete a new form." A red box highlights the "Complete New Form" button. The "Surname" field contains "Harry" and "Given Names" is empty. A "Check" button is visible. A note at the bottom reads: "To avoid duplication of claims, a check is required to ensure that there is no existing electronic claim in progress for the employee."

⇒ Select Complete New Form

If there is an existing worker claim for that employee then you will get the following message:

A screenshot of the "Employee Details" form showing a message: "2 results were found, what would you like to do?". A red box highlights the "List Results" button. The "Surname" field contains "Wetton" and "Given Names" contains "Paul". A "Check" button is visible. A note at the bottom reads: "To avoid duplication of claims, a check is required to ensure that there is no existing electronic claim in progress for the employee."

⇒ Select List Results

- ⇒ Review the claim details to confirm if the claim has already been added or not
- ⇒ If the claim is not previously added, click the Submit Claim option from the side menu, enter in your employee details again and click, Complete New Form

- ⇒ Select Claim Type
 - Agency Vehicle Only
 - Disposal
 - Fire & Theft
 - Third Party Involved
 - Windscreen Damage

- ⇒ Select Agency, if you have access to more than one
- ⇒ Complete the form, ensuring all mandatory fields have been entered – indicated by a red asterisk.

MOTOR CLAIM - THIRD PARTY INVOLVED (TEST)

Motor Vehicle

Main Menu: Initiate Motor Claim, Submit Claim, List Submitted Claims, List Employee Claims, Manage Claim, Claim Payments, Restore Saved Claim, About this Form

Receipt Number: 0144140009 | Manually Entered Claim Form | Query | Submit | Save | Reset

Employee Details

Surname: Weston | Given Names: Paul
 Email: | Phone: *

Claim Type

Claim Type: Third Party Involved

Agency Details

Agency Name: Department of Education
 Vehicle Fleet Manager: | Risk / Cost Centre: *

Claim Documents

Refer to About this form for acceptable attachment types

Select attachment type: | Choose file: No file chosen | Upload

Attachment Type	File Name	Uploaded	By	Del
No results were returned				

1-1 of 0

Vehicle Details

Vehicle Type: Sedans, Trucks, Utes & Vans up to 10 tonnes *

Registration Number: *

Make (e.g. Toyota): *

Model (e.g. Camry): *

Body Type (e.g. Sedan, Utility): *

Year of Manufacture: *

Vehicle Identification Number (VIN): *

Details of Other Vehicle/Property

Registration Number: *

Make (e.g. Toyota): *

Model (e.g. Camry): *

Body Type (e.g. Sedan, Utility): *

Owner's Name: *

Owner's Address: *

Is the driver known to you? | Driver's Name: *

Driver's Address: *

Agency Driver Details

Name: | Email: *

Where is your vehicle currently located? *

Allocated Assessor: *

Incident and Risk Features

Traffic Control: | Road Feature: | Road Surface: | Road Condition: | Weather Condition: | Lighting: | Vehicle Lights On: Agency Vehicle | Other Vehicle(s): | Your Vehicle Ownership: | Agency Vehicle Usage: | Vehicle to Vehicle Collision: *

Select the areas where damage was sustained on the motor vehicle diagram below

Describe the extent of damage to the vehicle *

Who is your choice of Repairer? | Repairer Address: | Repair Quote: *

Witness Details (Not Passengers Known to the driver)

Name: | Address: | Daytime Contact Number: | Add Witness (max 3)

Claim Comments

200 characters remaining

Agency Authorisation/Declaration

I declare that I am the person authorised to lodge the claim against the RiskCover Fund on behalf of the above mentioned agency. Was the person authorised to use the vehicle? Yes No *

I declare that I am a person authorised to lodge this claim with the Insurance Commission of WA on behalf of:

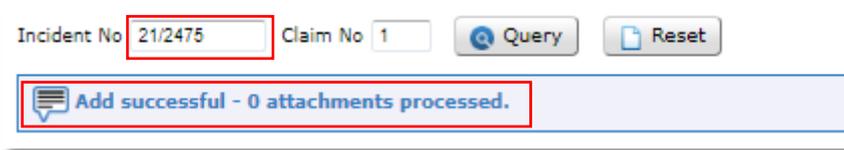
Agency Name: Department of Education

Name: Fogro Relace Proj Tester 7
 Position: | Phone: (08) | Email: fogro.relace.proj.support@oas.wa.gov.au
 Submit Date: 19/01/2021 | Last Updated

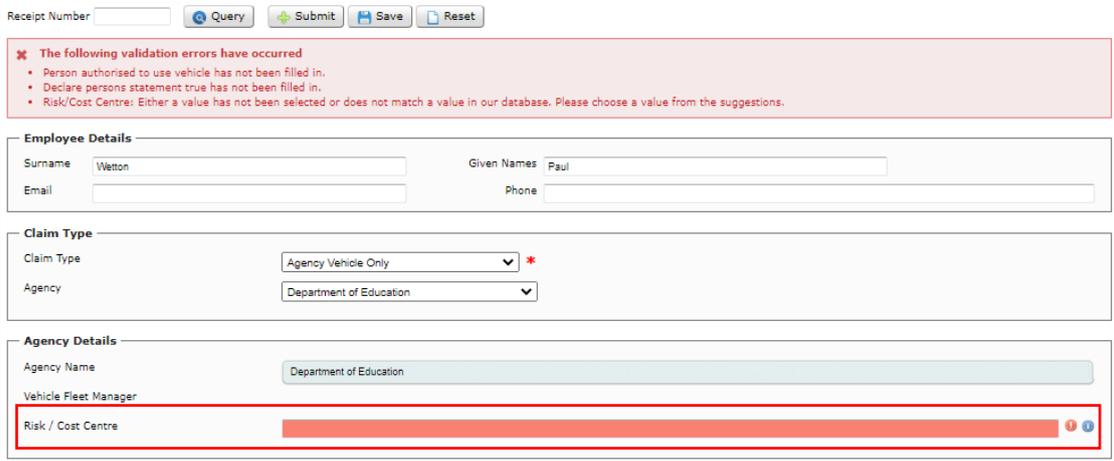
Submit | Save | Reset

- ⇒ Attach relevant documents
- ⇒ Select Submit

If the claim has been submitted successfully you will be provided with the following message indicating how many attachments were processed and a claim number will be immediately allocated.



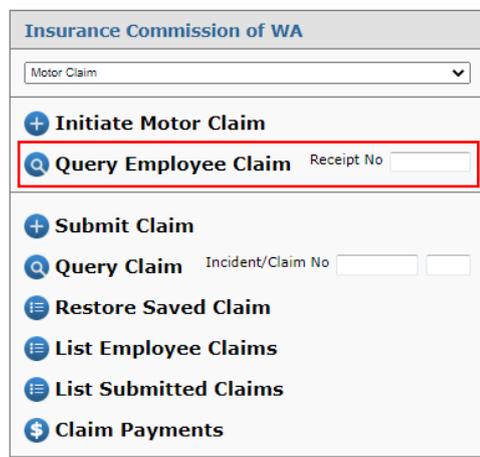
If the claim has not been submitted successfully you will be provided with the issue/s and reason/s (see [Error Handling](#) for assistance). You must amend the claim form and then resubmit the claim. If you are unable to rectify the issues please contact the Insurance Commission.



Query Motor Claim

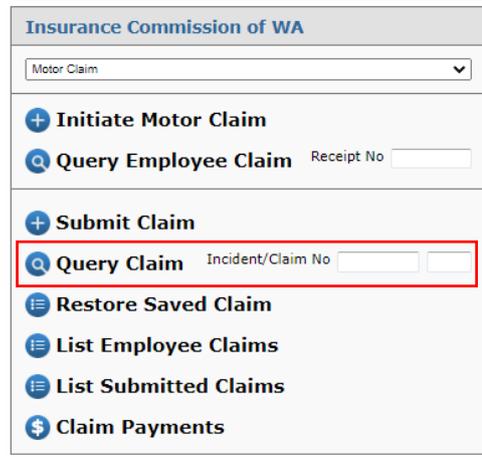
To Query a Motor Claim via Receipt Number

- ⇒ Enter the Receipt Number
- ⇒ Select Query Employee Claim



To Query a Motor Claim via Incident Number

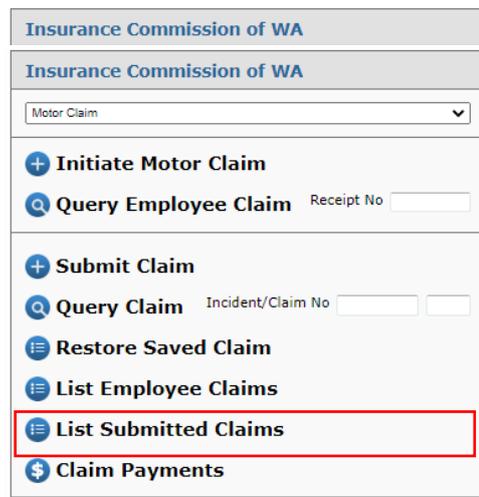
- ⇒ Enter the Incident Number (The Claim number is only used for third party claims, in most cases leave this field blank)
- ⇒ Select Query Claim



If you do not have the Incident Number then

List Motor Claims

- ⇒ Select List Employee Claims to find claims that are still in progress and have yet to be submitted to ICWA.



- ⇒ Select List Submitted Claims to search by claim no, registration no or date filters. The claims listed have been submitted to ICWA and have a claim number.

Search Fields

Claim Number Registration Number

Date Submitted From To Incident Date From To

Claim Number	Submitted Date	Incident Date	Claim Status	Claim Type	Registration Number
19/21402	05/07/2021	01/07/2018	Open	Third Party	1WA
19/21403	05/07/2021	02/07/2018	Open	Third Party	1WA
19/21404	06/07/2021	07/07/2018	Open	Agency	2WA
19/21405	06/07/2021	08/07/2018	Open	Disposal	1WSDD
19/21406	06/07/2021	09/07/2018	Open	Fire and Theft	2WA
19/21407	06/07/2021	01/07/2018	Open	Third Party	SAD
19/21408	06/07/2021	08/07/2018	Open	Windscreen	2WA
19/21409	08/07/2021	15/07/2018	Open	Windscreen	2WA
19/21410	08/07/2021	23/07/2018	Open	Fire and Theft	1WA
19/21412	13/07/2021	09/07/2018	Open	Windscreen	1WA
19/21413	13/07/2021	08/07/2018	Open	Windscreen	1WA

List Claim Payments

To see a list of all payment against a motor claim

⇒ Select Claim Payments

Insurance Commission of WA

Motor Claim

- + Initiate Motor Claim
- 🔍 Query Employee Claim Receipt No
- + Submit Claim
- 🔍 Query Claim Incident/Claim No
- ☰ Restore Saved Claim
- ☰ List Employee Claims
- ☰ List Submitted Claims
- 💰 Claim Payments**

⇒ Enter the Claim Number

⇒ Select Search

Claim No

End of scan

Payee	Amount Paid	Status	Date	Payment Reference
-------	-------------	--------	------	-------------------

All Payments for that claim will appear.

End of scan

Payee	Amount Paid	Status	Date	Payment Reference
Racing & Wagering West	\$1,000.00	Cheque retired	07/09/2016	1DQJ071 - EXCESS REFU
Finucane, Tom Isaac	- \$19.56	Cheque retired	25/08/2016	REC 24/08/16 3943007
Finucane, Tom Isaac	- \$50.00	Cheque retired	12/08/2016	REC 11/08/16 3942118
Finucane, Tom Isaac	- \$50.00	Cheque retired	29/07/2016	REC 28/07/16 3940997
Finucane, Tom Isaac	- \$50.00	Cheque retired	15/07/2016	REC 14/07/16 3940056

Property Claims

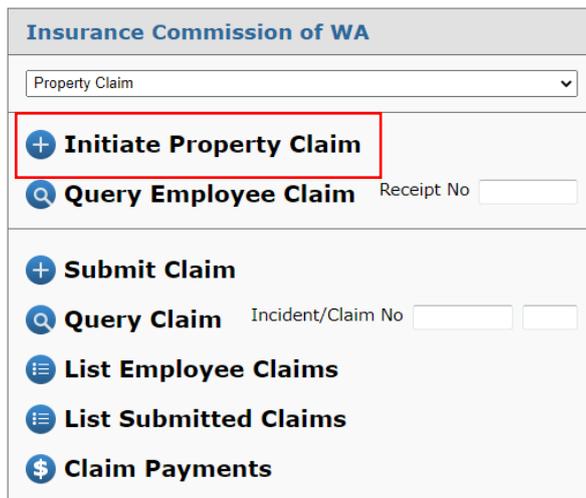
Within Property Claims you have the following features:

1. [Initiate Claim](#) – Provides an employee with the ICWA electronic property claim form
2. [Submit Claim](#) – submit a new claim to the Insurance Commission
3. [Query Claim](#) – query an existing claim
4. [List Claims](#) – a list of all claims submitted to the Insurance Commission for your agency
5. [Claim Payments](#) – a list of all payments for a specified claim

Initiate Claim

To initiate an employee a claim

- ⇒ Select Initiate Property Claim



The screenshot shows the 'Insurance Commission of WA' interface. At the top, there is a dropdown menu with 'Property Claim' selected. Below this, there are several buttons with icons: a plus sign for 'Initiate Property Claim' (highlighted with a red box), a magnifying glass for 'Query Employee Claim' with a 'Receipt No' input field, another plus sign for 'Submit Claim', another magnifying glass for 'Query Claim' with 'Incident/Claim No' input fields, a list icon for 'List Employee Claims', another list icon for 'List Submitted Claims', and a dollar sign for 'Claim Payments'.

- ⇒ Select your Agency
- ⇒ Select the division or area that should receive your claim (if your agency has multiple areas that submit claims to ICWA you will have a selection to choose from)
- ⇒ Select the Claim Type (Property Claim – Item, Property Claim – Building, Property in Transit)
- ⇒ Complete the (mandatory Worker Details fields) fields
- ⇒ Attach documents you may want to provide to the employee
- ⇒ Add any further comments for the employee if desired
- ⇒ Select Initiate Claim

Submit Property Claim

To submit a Property Claim:

⇒ Select Submit Claim

Insurance Commission of WA

Property Claim

- + **Initiate Property Claim**
- 🔍 **Query Employee Claim** Receipt No
- + Submit Claim**
- 🔍 **Query Claim** Incident/Claim No
- ☰ **List Employee Claims**
- ☰ **List Submitted Claims**
- 💰 **Claim Payments**

PROPERTY CLAIM
Property

Main Menu
Initiate Property Claim
Submit Claim
List Employee Claims
List Submitted Claims
Manage Claim
Claim Payments
About this Form

Receipt Number [Query](#) [Reset](#)

Employee Details

Surname * Given Names

Date of Incident [Check](#)

To avoid duplication of claims, a check is required to ensure that there is no existing electronic claim in progress for the employee.

[Reset](#)

⇒ Enter the Employee's Surname, Given Names (Date of Incident is optional)

⇒ Select Check

If there are no existing property claims added by that employee then you will get the following message:

⇒ Select Complete New Form

If there is an existing worker claim for that employee then you will get the following message:

Employee Details

No results found, you may continue to complete a new form. [Complete New Form](#)

Surname testing * Given Names

Date of Incident [Check](#)

To avoid duplication of claims, a check is required to ensure that there is no existing electronic claim in progress for the employee.

[Reset](#)

Receipt Number [Query](#) [Reset](#)

Employee Details

One result was found, what would you like to do? [Query Result](#) [Complete New Form](#)

Surname Wetton * Given Names

Date of Incident [Check](#)

To avoid duplication of claims, a check is required to ensure that there is no existing electronic claim in progress for the employee.

[Reset](#)

If you would like to view the result

- ⇒ Select List Results
- ⇒ Review the claim details to confirm if the claim has already been added or not
- ⇒ If the claim is not previously added, click the Submit Claim option from the side menu, enter in your employee details again and click, Complete New Form
- ⇒ Select the Claim Type
- ⇒ Select the relevant agency
- ⇒ Complete the form, ensuring all mandatory fields have been entered – indicated by a red asterix.

Receipt Number

Please complete the required fields

Employee Details

Surname Given Names

Email Phone

Has this person declared that the statement made in relation to the incident is true and correct to the best of their knowledge? Yes No *

Claim Type

Claim Type *

Agency Details

Agency *

Agency Name

Risk / Cost Centre

Type of Cover

- ⇒ Attach relevant documents

Claim Documents

Refer to About this form for acceptable attachment types

Select other attachment type No file chosen

Attachment Type	File Name	Uploaded	By	Del
No results were returned.				

1-1 of 0

- ⇒ Select Submit

I declare that I am a person authorised to lodge this claim with RiskCover on behalf of,

Agency Name

Name

Position

Phone

Email

Submit Date Last Updated

If the claim has been submitted successfully you will be provided with the following message indicating how many attachments were processed and a claim number will be immediately allocated.

Incident No Claim No Waiting Decision Query Update Reset

Add successful - 0 attachments processed.

If the claim has not been submitted successfully you will be provided with the issue/s and reason/s (see [Error Handling](#) for assistance). You must amend the claim form and then resubmit the claim. If you are unable to rectify the issues please contact the Insurance Commission.

PROPERTY CLAIM
Property

Main Menu
Initiate Property Claim
Submit Claim
List Employee Claims
List Submitted Claims
Manage Claim
Claim Payments
About this Form

Receipt Number Query Submit Save Reset

*** The following validation errors have occurred**

- Select type of cover has not been filled in.
- Claimant family name has not been filled in.
- Claimant given name has not been filled in.
- Declare persons statement true has not been filled in.
- Please select Yes or No in response to the 'Was it discovered during stocktake?' question'
- Risk/Cost Centre: Either a value has not been selected or does not match a value in our database. Please choose a value from the suggestions.

Employee Details

Surname Given Names

Email Phone

Has this person declared that the statement made in relation to the incident is true and correct to the best of their knowledge? Yes No

Claim Type

Claim Type *

Agency Details

Agency *

Agency Name

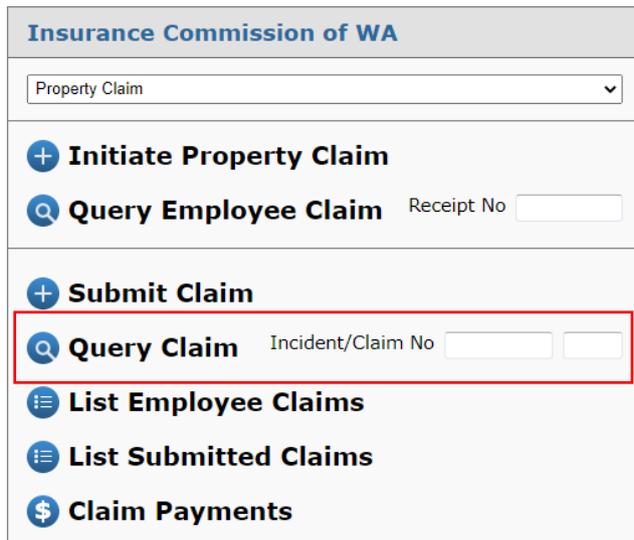
Risk / Cost Centre

Type of Cover

Query Property Claim

To Query a Property Claim

⇒ Enter the Incident and Claim number and



The screenshot shows the 'Insurance Commission of WA' website interface. At the top, there is a dropdown menu set to 'Property Claim'. Below this, there are several menu items: '+ Initiate Property Claim', 'Query Employee Claim' with a 'Receipt No' input field, '+ Submit Claim', 'Query Claim' with 'Incident/Claim No' input fields (this item is highlighted with a red box), 'List Employee Claims', 'List Submitted Claims', and 'Claim Payments'.

⇒ Press the Enter (or Return) Key on your Keyboard or

⇒ Select Query Claim

If you do not have the Incident and Claim number then

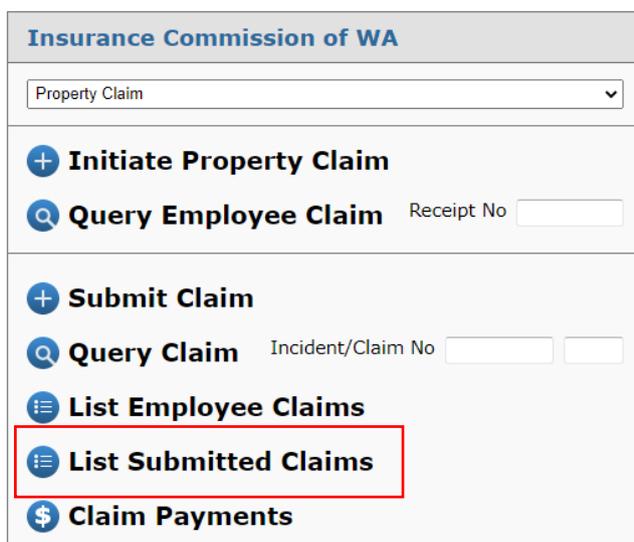
⇒ Select List Submitted Claims

List Submitted Property Claims

Note (1): You can access the payments and estimates for a claim or print the claim form by selecting the  from the left hand columns.

To see a list of Property Claims

⇒ Select, List Submitted Claims



The screenshot shows the 'Insurance Commission of WA' website interface. At the top, there is a dropdown menu set to 'Property Claim'. Below this, there are several menu items: '+ Initiate Property Claim', 'Query Employee Claim' with a 'Receipt No' input field, '+ Submit Claim', 'Query Claim' with 'Incident/Claim No' input fields, 'List Employee Claims', 'List Submitted Claims' (this item is highlighted with a red box), and 'Claim Payments'.

- ⇒ Select the date filters for the claims you wish to view. (Date Submitted or When the Incident was)
- ⇒ Select Search

All claims meeting the search criteria will appear.

Claim Number	Submitted Date	Incident Date	Claim Status	Loss Type
20/20708	10/01/2022	14/01/2020	Open	
21/17635	29/12/2021	08/12/2020	Open	
21/17637	30/12/2021	08/12/2020	Open	
21/17642	30/12/2021	07/12/2020	Open	
21/17643	31/12/2021	09/12/2020	Open	
21/17645	31/12/2021	14/12/2020	Open	
21/17646	31/12/2021	02/12/2020	Open	
21/17655	10/01/2022	05/01/2021	Open	
21/17657	10/01/2022	12/02/2021	Open	
21/17663	10/01/2022	05/01/2021	Open	
22/1541	30/12/2021	24/12/2021	Open	

Search Fields

Claim Number

Date Submitted From Incident Date From

Claim Number	Submitted Date	Incident Date	Claim Status	Loss Type
No results were returned.				

List Commenced Property Claims

To see a list of Property Claims that haven't been submitted to ICWA

- ⇒ Select, List Employee Claims
- ⇒ Leave the fields blank to view all claims for your agency that are in Progress

Insurance Commission of WA

Property Claim

+ Initiate Property Claim

Q Query Employee Claim Receipt No

+ Submit Claim

Q Query Claim Incident/Claim No

List Employee Claims

List Submitted Claims

\$ Claim Payments

Search Fields

Receipt Number Employee's Surname test Employee's Given Name(s)

Filter By Claim Form Created Claim Form In Progress Claim Form Completed Lodged to Employer Manually Entered Claim Form

Receipt Number	Type of Claim	Agency	Site	Status	Employee	Date Initiated	Date of Incident	Date completed by Employee	Date endorsed by Line Manager	
8459779218	Property Claim - Item	Department of Education	11	Lodged to Employer	test, user	21/12/2021	07/12/2020			Delete

List Claim Payments

To see a list of all payments against a claim

- ⇒ Select Claim Payments

Insurance Commission of WA

Property Claim

+ Initiate Property Claim

Q Query Employee Claim Receipt No

+ Submit Claim

Q Query Claim Incident/Claim No

List Employee Claims

List Submitted Claims

\$ Claim Payments

- ⇒ Enter the Claim Number and
- ⇒ Select Search

Claim No

End of scan

Payee	Amount Paid	Status	Date	Payment Reference
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All Payments for that claim will appear. When calling the Insurance Commission, quote the Payment Reference.

Claim No

End of scan

Payee	Amount Paid	Status	Date	Payment Reference
Ace Assessing Services	\$51.05	Cheque retired	27/08/2019	73625 1QBS493
Ace Assessing Services	\$51.05	Payment cancelled	08/08/2019	73625 1QBS493

Error Handling

The following is a table of error and warning message you may receive whilst using eCLAIMS and how to rectify the issue

Message	What does it mean?	How do I fix it?
Claim does not identify a row in the CLAIM table	The claim number is incorrect or does not exist	Review and update the claim number
Claim Number not found.	The claim number is incorrect or does not exist	Review and update the claim number
Incident No does not identify a row in the INCIDENT table	The incident number is incorrect or does not exist	Reviews and update the incident number
This operation is not allowed when CLAIM is 'confidential'	This claim has been marked as confidential	Contact the claims officer to update permissions
"This operation is not allowed when claim is 'restricted'"	The cover has been marked as restricted	Contact the claims officer to update permissions
Unable to initiate claim at this time. Check that the email address and any uploaded documents are valid or try again later.	There is something stopping the email being sent to the worker. Reasons could include; an invalid email address, a document with a bad character “}” in the file name or the service is temporarily down	Review the information on the online form. If you are still have issues try again later or contact the Insurance Commission systems team: (08) 9264 3506 / (08) 9264 3708
Note an allowed value for Date of Loss	The date you have entered is outside of the cover period for your agency	Review the date of loss
HOURS\DAY * DAYS\WEEK must not be > 30.00 when EMPLOYMENT TYPE is Part	The system has automatically set the working hours to 7.5h / 5d a week but this does not work with the Employment Type selected.	Update the working hours to part time hours or update the employment type to full time.
Accident date does not identify a row in the Renewal_Period table	The date of accident entered is outside the cover period for your agency	Review the cover dates against the agency selected and review the accident date.
Risk Centre does not identify a row in the RISK CENTRE table	The Risk Code you have entered is incorrect	Review and update the Risk Code.
Cease Work Date Exists. Pre-Injury Earnings must not be zero	When you indicate that the worker had to stop work as a result of the accident you must provide their pre-injury earnings	Add a value for pre-injury earnings
First Employed date (1/01/2017) must not be later than Accident date	A worker must be employed prior to the date of the accident	Review and update the date employed or the occurrence Date and Time
Incident/Claim Number is not a valid Motor Vehicle Claim		
Unable to begin the Employers Report Form until the worker has completed their Claim Form.	The worker is still completing the claim form. You must wait until they have completed their claim form before you can review the claim and begin completing the Employers Report Form	You must wait until the form is completed. You will get an email notification when this happens.
Your request could not be completed. Please contact the	This may be because your session has expired	Log out and log back in again. If you're still having issues

Insurance Commission if this continues to occur.		contact the Insurance Commission systems team: (08) 9264 3506 / (08) 9264 3708
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