This guide is for those Agencies who have chosen to allow to access to complete online claim forms ONLY to specific employees when they need to make a claim. This access is granted by an Authorised User.

Initiate a claim – Completed by the Authorised User.

This 'Initiate Claim' function allows the logged-in authorised user to control and coordinate which employees have access to a claim form link, without login details, to enable the claim details to be completed.

Please note if the logged in authorised user would like to create and submit a claim themselves, without any other employee being involved, they must use the <u>'Submit Claim'</u> function instead.

If continuing with 'Initiate Claim', complete the following:

- 1. Login to eClaims
- 2. Complete the Multi-Factor Authentication process. If assistance is required with this function please contact our IT Service Desk on 9264 3666.

3.	Select MOTOR	or PROPERTY			
	WELCOME TO THE	INSURANCE COMMISSION O	FWA		
4.	Select the 'Initi	Insurance Select Claim C Select Claim Motor Claim Property Claim Property Claim Property Claim	ce Commission of N Class Nass N inks N	NA	
	WELCOME TO THE INSURANCE COM	IMISSION OF WA		WELCOME TO THE INSURANCE COM	IMISSION OF WA
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- 5. Complete all relevant fields, taking note of the following mandatory fields/sections (*):
 - 'Claim Type': A selection must be made in the drop down list, please refer to the descriptions in the 'information' button icon.

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m Type			Select type of Motor Veh	icle Claim 🗸	* 🕕	
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Person completi	ing claim forn	ı ———	Single Vehicle Crash/Inci	dent		
_	_		Non-Crash related damage	ge or loss		
surname			Multiple Vehicle Crash/Inc	cident		*
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IMPORTANT: This selection determines the questions that appear as you progress with the claim form. Once you select 'Initiate Claim' you are not able change the selection made. If an incorrect option is selected the current claim form must be deleted in the 'List Employee Claims' menu option, and a new claim form must be created through 'Initiate Claim'.

- 'Site Representative/Division/Head Office': If this field appears, and an option is required, make a selection from the drop down list. When a selection is made it displays

the email address that will be used for the final stage of the submission process to ICWA.

Complete the following to provide the employee with info complete the claim form electronically.	ormation on how to complete a motor claim and to allow the employee to
Select the agency the worker is employed by	× *
Claim Type	✓ * 0
Site Representative/Division/Head office	Select Site Representative/Division/Head office 🗸 🗴 🖲
Person completing claim form	Select Site Representative/Division/Head office
Given Names	*

- **'Person Completing Claim Form'** section: Enter the details of the employee who will complete the form details. They will receive a link to the claim in the email sent.

The email address is to be their individual work email address, and it must not be the same as the logged in authorised user completing the 'Initiate Claim' page, or the above 'Site Representative/Division/Head Office' email.

Once all details are correct and you are ready to proceed select the 'Initiate Claim' button. The details cannot be amended once 'Initiate Claim' is selected.

A temporary Receipt Number will display to track the progress of the claim form.

INITIATE MOTOR	CLAIM
Motor Vehicle	
Main Menu	
Initiate Motor Claim	Claim successfully initiated and emailed to Employee. Receipt# 9961215518
Submit Claim	Complete the following to provide the employee with information on how to complete a motor claim and to allow the employee to
List Submitted Claims	complete the claim form electronically.

The logged in authorised user does not need to complete any other action at this stage.

The employee that was entered in the 'Person Completing Claim Form' section will now receive an email containing a link to the claim form so that details can be input.



When all details have been completed and the employee completing the claim form is ready to proceed to the next step, they select the 'Send to Employer' button.

On selection of 'Send to Employer' one of the following occurs:

a) 'Line Manager Details' are captured – The person entered into the 'Line Manager' field will receive an email containing a copy of the PDF Claim Form, and a link to complete the

endorsement step.	
No.reply@icwa.wa.gov.au Motor Calm - Endosement request	Pri 11/10/21 10 4 AM no_reply@icwa.wa.gov.au Property Claim - Endorsement request
Control ClaimPorm.pdf 2 KB	PropertyClaimhorm.pdf "
Hi LMFirstName	Hi LMFirstName
FirstName Surname completed an online Motor Insurance Claim form. For the claim to progress, your endorsement is required.	FirstName Sumame completed an online Property Insurance Claim form. For the claim to progress, your endorsement is required.
 Please review attached claim form for vehicle Click <u>HERE</u> to provide your endorsement Following your endorsement, the claim form will be sent to your Insurance Representative for submission to the Insurance Commission 	 Please review attached claim form Click <u>HERF</u> to provide your endorsement Following your endorsement, the claim form will be sent to your Insurance Representative for submission to the Insurance Commission
If you have any queries please contact the Insurance Commission of WA on 9264 3333 and ask for a member of the GI Motor Claims Team, or alternatively to email please click <u>here</u> .	If you have any queries please contact the Insurance Commission of WA on 9284 3333 and ask for a member of the GI Property Claims Team, or alternatively to email please click <u>here</u> .
Thank you.	Thank you.
Receipt Number: 9961215518" this is not the claim number Note: This mailbox is not monitored, do not reply	Receipt Number: 8209198418* this is not the claim number Note: This mailbox is not monitored, do not reply

When the Line Manager has finished completing what is required they select 'Send to Head Office'.

On selection of 'Send to Head Office', an email is sent to the selected 'Site Representative / Division / Head Office' shared mailbox advising authorised users that a claim form has been completed and action is now required.

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no_reply@icwa.wa.gov.au	NO_reply@iCWB.WB.GOV.BU
Motor Claim Form - Recommendation Provided by Line Manager	Property Claim Form - Recommendation Provided by Line Manager
H,	н,
Creator First Creator Sumame completed an online Motor Insurance Claim form and LineMgr First LineMgr Sumame at	Creator First Creator Sumame completed an online Property Insurance Claim form and LineMgr First LineMgr Sumame at
has now reviewed the claim form.	has now reviewed the claim form.
Please <u>click here</u> to submit this claim to the Insurance Commission.	Please click here to submit this claim to the Insurance Commission.
If you have any queries please contact the Insurance Commission of WA on 9264 3333 and ask for a member of the GI Motor Claims	If you have any queries please contact the Insurance Commission of WA on 9264 3333 and ask for a member of the GI Property Claims
Team, or alternatively to email please click here.	Team, or alternatively to email please click here.
Thank you.	Thank you.
Receipt Number 8675037544" this is not the claim number	Receipt Number: 8914371291* this is not the claim number
Note: This mailbox is not monitored, do not reply	Note: This mailbox is not monitored, do not reply

They must login to eClaims, review the details of the claim, and either:

- Submit the claim form to ICWA using the 'Submit' button, which then generates a Claim Number that replaces the Receipt Number; or

laim Comments					
Endorsed by LMFirstName					
					231 characters remaining
gency Authorisation	Declaration				
las the person authorised	to use the vehicle?				🖲 Yes 🔾 No 🔺
declare that I am a perso	n authorised to lodge this cla	aim with the Insurance	Commission of W	/A on behalf of.	
gency Name					
pency Name					
ame					
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service see by CAPPING	sme		
			231 characters remain
Agency Authorisa	tion/Declaration		
Name of person auth	orising this claim		
Family Name	Person selecting "Submit" butto	in 🔹 Given Name	
I declare that I am a	person authorised to lodge this claim with t	the Insurance Commission of WA on behalt of,	
I declare that I am a Agency Name	person authorised to lodge this claim with t	the Insurance Commission of WA on behalt of,	
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I declare that I am a Agency Name Name	person authorised to lodge this claim with t	the Insurance Commission of WA on behalf of,	
I declare that I am a Agency Name Name Position	person authorised to lodge this claim with t	the Insurance Commission of WA on behalf of,	
I declare that I am a Agency Name Name Position Phone	person authorised to lodge this claim with t	the Insurance Commission of WA on behalf of	
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I declare that I am a Agency Name Name Position Phone Email Submit Date	person authorised to licity this claim with it	the Insurance Commission of WA on bahar di	ndated

- <u>Delete</u> that Receipt Number in the 'List Employee Claims' menu option if the claim should not be submitted to ICWA.

Search Fields			
Receipt Number	8209198418 Employee's Surname	Employee's Given Name(s)	
Filter By	🗌 Claim Form Created 🗌 Claim Form In Progr	ess 🗌 Claim Form Completed 🗌 Lodged to Employer 🗌 Manua	ally Entered Claim Form
	Q Search		

Receipt Number	Type of Claim	Agency	Site	Status	Employee	Date Initiated	Date of Incident	Date completed by Employee	Date endorsed by Line Manager	
<u>8209198418</u>	Property Claim - Building			Lodged to Employer	Surname, FirstName	15/12/2023	01/01/2021	15/12/2023	15/12/2023	X Delete
	-			(H) (H)	1-1 of 1 🕑 🗷					-

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b) 'Line Manager Details' are **not** captured - An email is sent to the selected 'Site Representative / Division / Head Office' shared mailbox advising authorised users that a claim form has been completed and action is now required.

Property Claim Form
H,
On 15/12/2023, FirstName Surname completed an online Property Claim. The details of that claim are as follows:
Date of occurrence: 01/01/2021 Receipt Number: Employer: Status: LODGED TO EMPLOYER
Please log on in order for this claim to progress to the Government Insurance Division at ICWA.
If you have any queries please contact the Insurance Commission of WA on §264 3333 and ask for a member of the GI Property Claims Team, or alternatively to email please click here.
Thank you
Note: This mailbox is not monitored, do not reply.

They must login to eClaims, review the details of the claim, and either:

Submit the claim form to ICWA using the 'Submit' button, which then generates a Claim Number that replaces the Receipt Number; or

					255 characters rem
Agency Authorisat	ion/Declaration —				
Was the person author	rised to use the vehicle	n?			⊖ Yes ⊖ N
declare that I am a p	person authorised to lo	dge this claim with the Insurano	Commission of WA on baha	lf of,	
Agency Name					
Igency Name					
Agency Name Name Position					
Agency Name Name Position Phone					
Agency Name Name Position Phone Email					

			255 characters rem
Agency Authorisa	ation/Declaration		
tame or person autr	onling this claim		
Family Name	Person selecting "Submit" button	Given Name	
declare that I am a ligency Name	person authorised to lodge this claim with the Insuran	ce Commission of WA on behalf of,	
declare that I am a ligency Name	person authorised to lodge this claim with the Insuran	ce Commission of WA on behalf of,	
declare that I am a ligency Name liame listion	person authorised to lodge this claim with the Insuran	ce Commission of WA on behalf of,	
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declare that I am a ligency filame liame losition rhone imail	person automated to lodge that claim with the fraume	ce Commission of WA on behalf of,	

- <u>Delete</u> that Receipt Number in the 'List Employee Claims' menu option if the claim should not be submitted to ICWA.

Receipt Number 8209198418 Employee's Surname					Employee Name(s)					
Filter By	Claim	Form Created (arch] Claim Fo	rm In Progress 🗌 (Claim Form Comp	oleted 🗌 Lodg	jed to Employ	ver 🗌 Manuall	y Entered Cla	im Forn
Receipt Number	Type of Claim	Agency	Site	Status	Employee	Date Initiated	Date of Incident	Date completed by Employee	Date endorsed by Line Manager	
3209198418 <i>0</i>	Property Claim -			Lodged to Employer	Surname, FirstName	15/12/2023	01/01/2021	15/12/2023	15/12/2023	×P

Instantly create and submit a claim form to ICWA as the authorised logged in user (Submit Claim):

This 'Submit Claim' function allows the logged-in authorised user to instantly create and submit a claim form to ICWA, without having any other employee involved in both inputting the claim form details into eClaims, and endorsing and authorising the claim form

Please note if the logged-in authorised user would like to another employee to be involved in the process to directly input details into the eClaims Claim Form, they must use the <u>'Initiate Claim'</u> function instead.

If continuing with 'Submit Claim', complete the following:

1. Login to eClaims

- 2. Complete the Multi-Factor Authentication process. If assistance is required with this function please contact our IT Service Desk on 9264 3666.
- 3. Select MOTOR or PROPERTY WELCOME TO THE INSURANCE COMMISSION OF WA **Insurance Commission of WA** Select Claim Class. × Motor Claim Property Claim 4. Select the 'Submit Claim' menu option WELCOME TO THE INSURANCE COMMISSION OF WA WELCOME TO THE INSURANCE COMMISSION OF WA PI PI ase be min Insurance Commission of WA Insurance Commission of WA Motor Claim ~ Property Clain ~ 🚯 Initiate Motor Claim 🖶 Initiate Property Claim Query Employee Claim Receipt No Query Employee Claim Receipt No 🖶 Submit Claim 🖶 Submit Claim Q Query Claim Incident/Claim No Query Claim Incide 📵 List Employee Claims 📵 List Employee Claims List Submitted Claims List Submitted Claims
- 5. A check is required that a duplicate eClaims claim form does not already exist. Please enter details in the fields that appear and select the 'Check' button

MOTOR CLAIM	
Motor Vehicle	
Main Menu Initiate Motor Claim	Receipt Number Query
Submit Claim List Submitted Claims List Employee Claims Manage Claim	Employee Details Surname Surname Registration 1ABC123 Number To avoid duplication of claims, a check is required to ensure that there is no existing electronic claim in progress for the employee.
Claim Payments	Reset
Property	
Main Menu	Receipt Number Query
Initiate Property Claim	- Employee Details
Submit Claim	
List Employee Claims	Surname Surname Given Names FirstName
List Submitted Claims	Date of Incident 01/01/2023
Manage Claim	To avoid duplication of claims, a check is required to ensure that there is no existing electronic claim in progress for the employee.
Claim Payments	B Breat

- 6. The following options could appear:
 - If matching results are found in eClaims, you are able to select the 'List Results' button to investigate it further; or



- If there are no matching results, or the matching results are for a different claim and you would like to proceed with creating a claim form select the 'Complete New Form' button

– Employee Details –					
No results found, you may continue to complete a new form.					
	Complete New Form				

- 7. The claim form fields now appear for completion
- 8. Complete all relevant fields, including those noted as mandatory fields (*). Please refer to the 'information' button next to the 'Claim Type' field to ensure an accurate section is made from the drop down list. This selection determines the questions that appear as you progress with the claim form. If an incorrect option is selected the claim form will need to be restarted and information will be removed.
 Breat Number

Please o	complete the req	uired fields					
– Employee	Details						
Surname	Surname		Given Names	FirstName	1		
Email			Phone				
– Claim Typ	e						
Claim Type		Select type of Mot	tor Vehicle Claim	✓ ①	Claim Type		Description
Agency		Please Select Age	ency	~	Single Vehicle Crash/Incident	Any incident inv other vehicle is i scraped wall etc	olving agency vehicle only where nvolved (e.g. hit tree, kangaroo, .)
	4-11-				Non-Crash related damage or loss	Vehicle has une including fire or t	xplained and/or malicious damag theft
Agency De	etalis				Multiple Vehicle Crash/Incident	Any incident inv	olving 2 or more vehicles
Vehicle Flee	1 2				Window damage only	Vehicle window damage involved	(s) are damaged, no other vehicle d
venicie riee	t manager						

9. Once all details are correct and you are ready to proceed, select the 'Submit' button to send the claim to ICWA for processing.

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Clain Comments	225 dealers manage
255 oharaotera remaining	Agency Authorisation/Declaration
Agency Authorisation/Declaration	Name of person authorising this claim
Was the person authorised to use the vehicle? O Yes O No 🔹	Family Name Person selecting "Submit" button & Oliven Name #
I declare that I am a person authorised to lodge this claim with the Insurance Commission of WA on behalf of,	I declare that I am a person authorised to lodge this claim with the Insurance Commission of WA on behalf of,
Agency Name	Agency Name
Rame Paléon	Rame Ration
Phone	Phone
Emai	Emai
Submit Date Last Updated	Submit Date Last Updated
🔶 Submit] 💾 Save) 🗋 Reset	🐟 Submit 🗎 Save) 🗋 Reset

10. A new Claim Number will generate which is to be used for claim enquiries.

(IESI).							
Motor Vehicle			P	Property			
Main Menu Takiska Makas Claim	Incident No 21/16885 Claim No 1 Query Reset	im	1	Main Menu	Incident No 21/18855 Claim No 1 Walting Decision Query Reset	rint Claim	
THERE PICTOR CARPY		_		andate Property Calm			
Submit Claim	E Add successful - 0 attachments processed.			Submit Claim	Add successful - 0 attachments processed.		