

**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.**

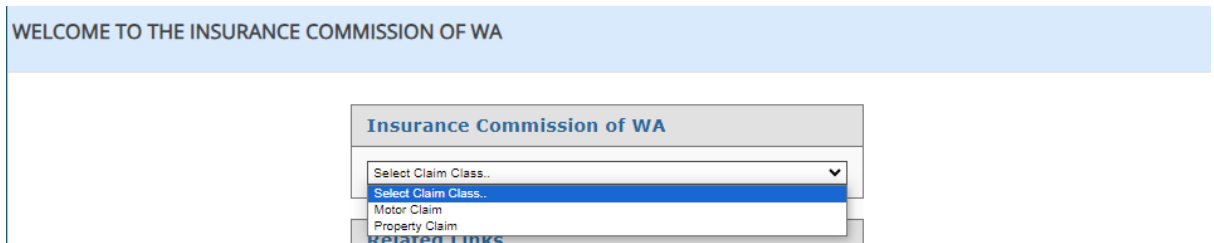
Initiate a claim – Completed by the Authorised User.

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.

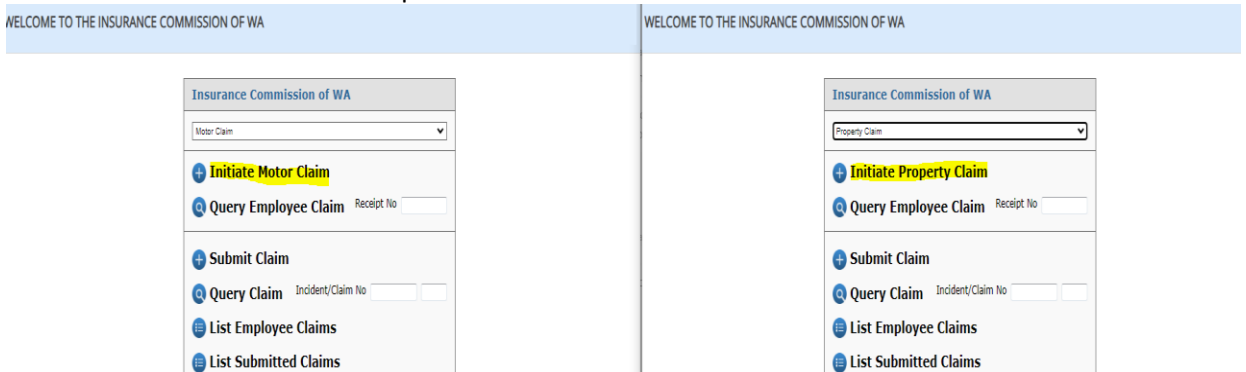
Please note if the logged in authorised user would like to create and submit a claim themselves, without any other employee being involved, they must use the '[Submit Claim](#)' function instead.

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



4. Select the 'Initiate Claim' menu option



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.

**i** 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.

Select the agency the worker is employed by  \*

Claim Type  \* **i**

**Person completing claim form**

Surname  \*

Given Names  \*

Email Address  \*

Confirm Email Address  \*

Employee Number

Site

**Documents for Worker**

Select the agency the worker is employed by  \*

Claim Type  \* **i**

**Person completing claim form**

Surname  \*

Given Names  \*

Email

Confir

Empl

Site

**i** Info

Claim Type	Description
Single Vehicle Crash/Incident	Any incident involving agency vehicle only where no other vehicle is involved (e.g. hit tree, kangaroo, scraped wall etc.)
Non-Crash related damage or loss	Vehicle has unexplained and/or malicious damage, including fire or theft
Multiple Vehicle Crash/Incident	Any incident involving 2 or more vehicles
Window damage only	Vehicle window(s) are damaged, no other vehicle damage involved

Close

**Documents for worker**

Email Attachment  No file chosen

Attachment Type	File Name	Uploaded	By	Del
No results were returned.				
<input type="button" value="H"/> <input type="button" value="←"/> <input type="button" value="1-1 of 0"/> <input type="button" value="→"/> <input type="button" value="H"/>				

Total Upload Size: 0 MB

**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.

- **'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.

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:

- '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 Claim - Endorsement request

MotorClaimForm.pdf  
62 KB

Hi LMFirstName  
 FirstName Surname completed an online Motor Insurance Claim form. For the claim to progress, your endorsement is required.

- Please review attached claim form for vehicle
- Click [HERE](#) 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 [here](#).

Thank you.  
 Receipt Number: 9961215518\* this is not the claim number  
 Note: This mailbox is not monitored, do not reply

no\_reply@icwa.wa.gov.au  
Property Claim - Endorsement request

PropertyClaimForm.pdf  
61 KB

Hi LMFirstName  
 FirstName Surname completed an online Property Insurance Claim form. For the claim to progress, your endorsement is required.

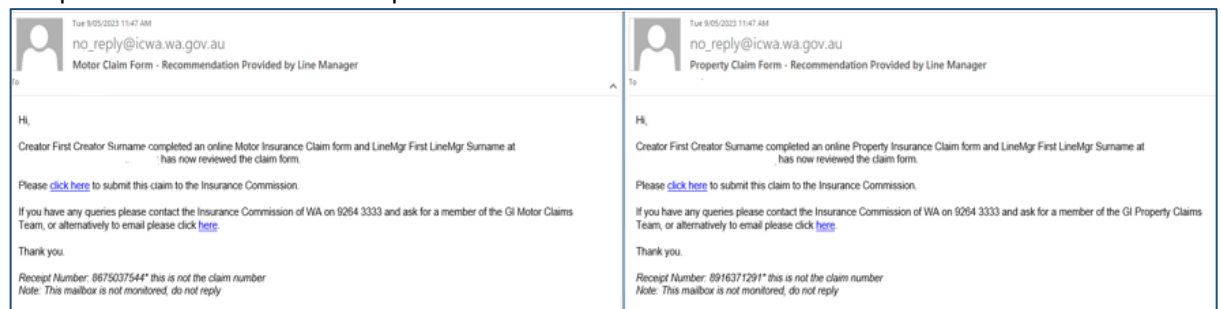
- Please review attached claim form
- Click [HERE](#) to provide your endorsement
- Following your endorsement, the claim form will be sent to your Insurance Representative for submission to the Insurance Commission

If you have any queries please contact the Insurance Commission of WA on 9264 3333 and ask for a member of the GI Property Claims Team, or alternatively to email please click [here](#).

Thank you.  
 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.



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

Claim Comments  
 Endorsed by LMFirstName  
 237 characters remaining

Agency Authorisation/Declaration  
 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

Name   
 Position   
 Phone   
 Email   
 Submit Date  Last Updated

Claim Comments  
 Endorsed by LMFirstName  
 237 characters remaining

Agency Authorisation/Declaration  
 Name of person authorising this claim  
 Family Name  Person selecting "Submit" button Given Name

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

Agency Name

Name   
 Position   
 Phone   
 Email   
 Submit Date  Last Updated

- [Delete](#) that Receipt Number in the 'List Employee Claims' menu option if the claim should not be submitted to ICWA.

**Search Fields**

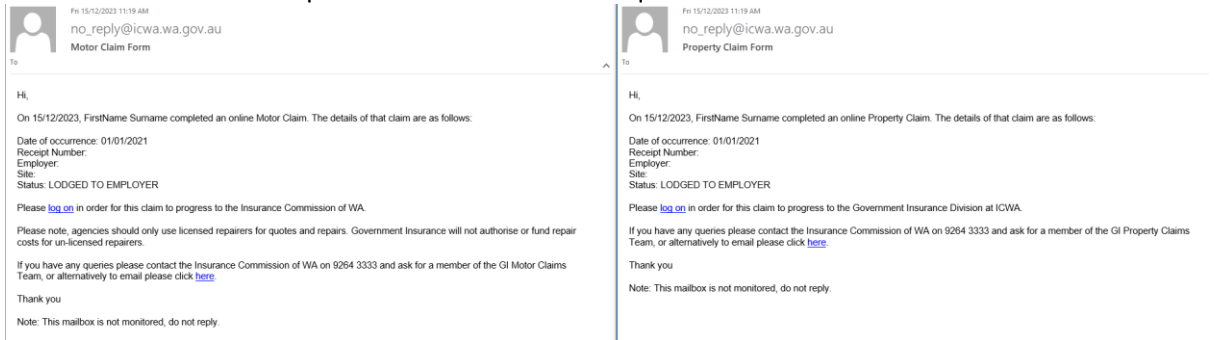
Receipt Number  Employee's Surname  Employee's Given Name(s)

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	
<a href="#">8209198418</a>	Property Claim - Building			Lodged to Employer	Surname, FirstName	15/12/2023	01/01/2021	15/12/2023	15/12/2023	<input type="button" value="Delete"/>

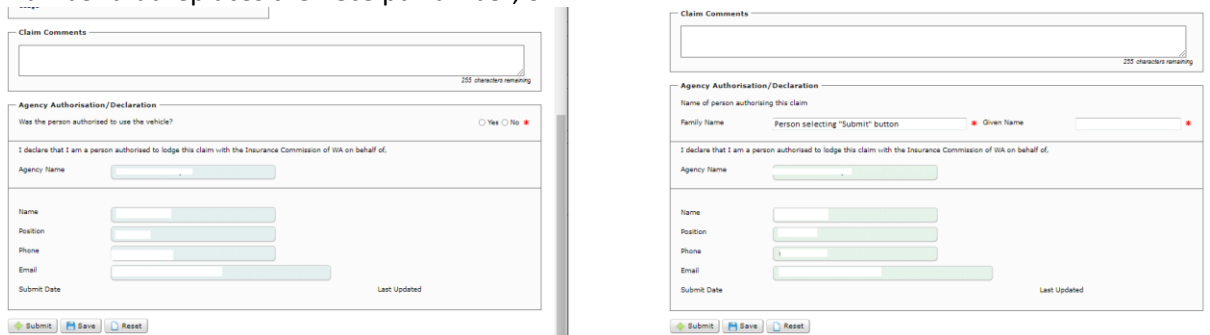
Or

- 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.



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



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

**Search Fields**

Receipt Number  Employee's Surname  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	
<a href="#">8209198418</a>	Property Claim - Building			Lodged to Employer	Surname, FirstName	15/12/2023	01/01/2021	15/12/2023	15/12/2023	<input type="button" value="Delete"/>

1-1 of 1

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

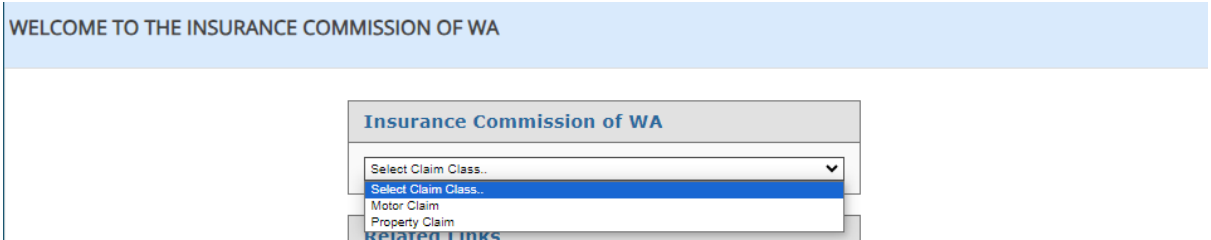
This 'Submit Claim' function allows the logged-in authorised user to instantly create and submit a claim form to ICWA, without having any other employee involved in both inputting the claim form details into eClaims, and endorsing and authorising the claim form

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 '[Initiate Claim](#)' function instead.

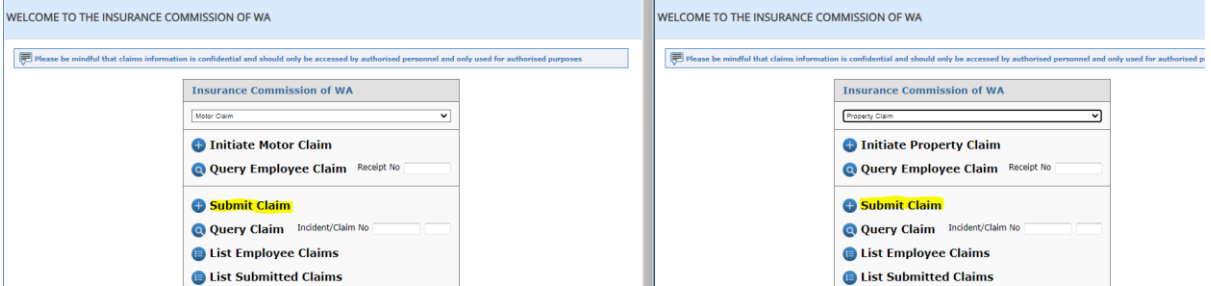
If continuing with 'Submit Claim', complete the following:

1. Login to [eClaims](#)

- Complete the Multi-Factor Authentication process. If assistance is required with this function please contact our IT Service Desk on 9264 3666.
- Select MOTOR or PROPERTY



- Select the 'Submit Claim' menu option



- 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  
**Submit Claim**  
List Submitted Claims  
List Employee Claims  
Manage Claim  
Claim Payments

Receipt Number

**Employee Details**

Surname  \* Given Names

Registration Number

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

**PROPERTY CLAIM**  
Property

Main Menu  
Initiate Property Claim  
**Submit Claim**  
List Employee Claims  
List Submitted Claims  
Manage Claim  
Claim Payments

Receipt Number

**Employee Details**

Surname  \* Given Names

Date of Incident

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


- 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

**Employee Details**

14 results were found, what would you like to do?

- 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](#)

- The claim form fields now appear for completion
- 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.

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

 Please complete the required fields

**Employee Details**

Surname  Given Names   
 Email  Phone

**Claim Type**

Claim Type  ⓘ  
 Agency

**Agency Details**

Agency Name   
 Vehicle Fleet Manager

Claim Type	Description
Single Vehicle Crash/Incident	Any incident involving agency vehicle only where no other vehicle is involved (e.g. hit tree, kangaroo, scraped wall etc.)
Non-Crash related damage or loss	Vehicle has unexplained and/or malicious damage, including fire or theft
Multiple Vehicle Crash/Incident	Any incident involving 2 or more vehicles
Window damage only	Vehicle window(s) are damaged, no other vehicle damage involved

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

Claim Comments

255 characters remaining

**Agency Authorisation/Declaration**

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

Name   
 Position   
 Phone   
 Email   
 Submit Date  Last Updated

[Submit](#) [Save](#) [Reset](#)

Claim Comments

255 characters remaining

**Agency Authorisation/Declaration**

Name of person authorising this claim

Family Name  Given Name

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

Agency Name

Name   
 Position   
 Phone   
 Email   
 Submit Date  Last Updated

[Submit](#) [Save](#) [Reset](#)

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

**MOTOR CLAIM - WINDOW DAMAGE ONLY** (TEST)

Motor Vehicle

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

[Main Menu](#) [Initiate Motor Claim](#) [Submit Claim](#)

Add successful - 0 attachments processed.

**PROPERTY CLAIM** (TEST)

Property

Incident No:  Claim No:  [Waiting Decision](#) [Query](#) [Reset](#) [Print Claim](#)

[Main Menu](#) [Initiate Property Claim](#) [Submit Claim](#)

Add successful - 0 attachments processed.