

RISKCOver FORMS

RiskCover

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RiskCover works to manage claims efficiently and effectively, and makes its claim and associated forms below available to agencies to assist them lodge claims shortly after an incident.

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Worker's Compensation Claims



Employer Forms

- [Workers' Compensation Claim Form](#)
- [Employer's Report Form](#)
- [Claim Advice Slip](#) - Optional
- [Compensation Reimbursement Invoice](#)

Employee Forms

Employee Forms

- [Consent Authority](#)
- [Declaration of Employment](#)
- [Electronic Funds Transfer \(EFT\) Form - Application for Claimants](#)
- [Recurrence of Injury Form](#)
- [Reimbursement of Travelling Expenses](#)
- [Travel Incident](#)

WorkCover WA Forms

- [Claim Form for Dependants of Deceased Workers \(WorkCover WA Regulated Form\)](#)
- [Declaration of worker not residing in Western Australia \(WorkCover WA Form\)](#)
- [Worker not residing in Western Australia \(WorkCover WA Information Sheet\)](#)

Witness Forms

- [Witness Statement Form](#)

Injury Management



- [Injury Management System Template](#)
- [Return to Work Template](#)

Property Claims



- [Property Claim Form](#) - Employer to complete
- [Fire Protection Impairment Form](#)

Employee Property In Transit



- [Property in Transit Claim Form](#) - Employer to complete, employer to approve
- [Application for Property in Transit](#) - Employee to

- [Application for Property in Transit](#) - Employee to complete

Motor Claims



- [Motor Vehicle Claim Form](#) - Driver to complete, employer to authorise

Liability Claims



- [Clinical Incident Notification Form](#) - Optional
- [General Liability Claim Form](#) - Authorising person to complete
- [Professional Liability Claim Form](#) - Authorising person to complete
- [Damage to Underground Services Claim Form](#)
- [Consent Authority](#) - Optional

Miscellaneous



- [Application for Events Cover Form](#) - Event organiser to complete
- [Electronic Funds Transfer \(EFT\) Form](#) - Application for Claimants
- [Electronic Funds Transfer \(EFT\) Form for Service Providers](#)
- [Fire Protection Impairment Form](#)
- [Industrial Disease Claim Form](#)
- [Personal Accident Claim Form](#) - Injured party to complete
- [Statutory Declaration Form](#)
- [Travel Claim Form](#)

[Contact RiskCover](#) if the above forms do not meet requirements.

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