



**Insurance Commission
of Western Australia**

eClaims User Guide

For Workers Compensation Claims

Version 1.5 (Updated 1/8/2026)

icwa.wa.gov.au

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1. About eClaims

1.1 Overview

eClaims is a user interface which allows agency users to access the following features for motor, property and workers compensation claims:

- submit new claims and attach and upload documents;
- view submitted claims;
- query payments and estimates;
- view cover documents; and
- view data reports for annual reporting purposes.

1.2 The User Guide

This document details step by step instructions on how to use eClaims for workers compensation claims only. Screen shots of online forms and copies of emails generated from the online claim submission process are provided.

User Guides for motor and property claims are available at our [website](#).

1.3 Version

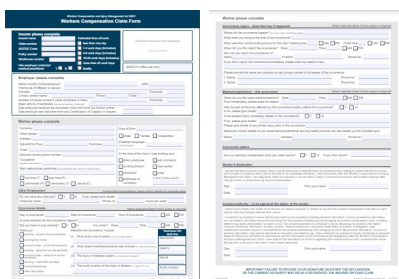
User Guide Version 1.5 was updated on 1/8/2026.

2. Submitting Claims

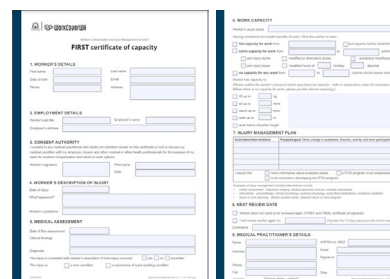
Before we explain how to access and login to eClaims and utilise its features it is important for you to understand how claims are submitted.

2.1 A Lodged Claim

A claim is lodged when a worker provides a completed workers compensation claim form and a first certificate of capacity (issued by a treating medical practitioner) to their employer (Section 25 of the *Workers Compensation and Injury Management Act 2023* (the Act)).



Workers compensation claim form
(completed by the worker)



First certificate of capacity (issued by
a treating medical practitioner)

A worker can either complete an online claim form or a paper form, but not both. If a worker completes a paper form, do not request them to complete an online claim form.

A worker may provide other documents to support their claim.

2.2 Submitting a Claim

An employer must submit a claim to us within seven days of the date the claim is lodged. The penalty for failing to do this is a fine of \$5,000 (Section 26).

To submit claims using eClaims an agency user must complete an online Employers Report Form.

The image shows three pages of the 'Employers Report Form' from RiskCover. Page 1 of 3 includes sections for 'Agency Details', 'Injury Worker Details', and 'Insurance Details'. Page 2 of 3 includes 'Employment Details', 'Date Manager Agreement and Recommendation', and a table for 'Injury Details'. Page 3 of 3 includes 'Agency Representation/Declaration' and 'Agency Information/Declaration'.

PDF version of an Employers Report Form
(completed and submitted by an agency user)

The claim form and first certificate of capacity must be attached and uploaded and other documents can be attached and uploaded.

2.2.1 Claim Submission Methods

There are three methods to submit a claim to us:

Submission Method	Description
The Devolved Model	The worker accesses the online claim form from your agency's intranet. The worker completes the online form, attaches and uploads relevant documents and sends it to their employer. Line managers complete sections of the Employers Report Form online (optional), and then you complete it, attach and upload relevant documents and submit the claim using eClaims.
Initiate Worker Claim	You initiate the claim by providing an online claim form to the worker. The worker completes the online form, attaches and uploads relevant documents and sends it to their employer. You complete the Employers Report Form online, attach relevant documents and submit the claim using eClaims.

Submit Claim	The worker has completed a paper claim form. You complete the Employers Report Form online, attach and upload relevant documents and submit the claim using eClaims.
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Agencies no longer submit claims via email or post.

In each submission method the worker makes a claim directly with their employer, not with us.

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

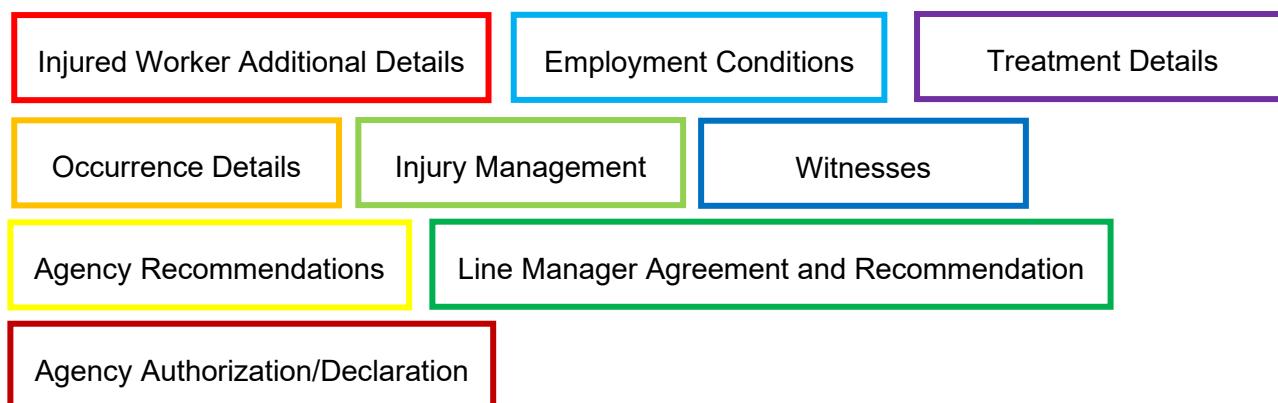
Submission Method	Worker accesses online claim form independently	Worker completes claim form online	Employer completes Employers Report Form online	Emails are generated	There is a 'Safety Net'	Worker is aware of the status of their claim	Worker is notified of the claim number via email
The Devolved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

When a worker submits an online claim form, we have a record that the claim has been lodged to the employer. Our claims teams receive daily reports that lists all claims when four days has transpired from the date the claim was lodged to the employer. This 'safety net' allows us to remind you to submit the claim within seven days of the claim being lodged. There is no 'safety net' when a worker completes a paper form.

2.2.2 Sections on the Employers Report Form that Managers Complete

The Devolved Model allows for managers to complete parts of the online Employers Report Form before you complete it and submit the claim to us.

The sections that can be enabled are:



The fields of each section is shown below:

Injured Worker Additional Details

Gender *

Employee Number

Site

Occupation *

Occurrence Details

Occurrence Date and Time *

Risk Code

Secondary Risk Code

Town/Suburb *

Hours the employee worked prior to occurrence hours

Date Lodged with Employer *

Did the worker have to stop working? ☐ Yes ☒ No

Date and Time injured worker ceased work (24h) *

Date injured worker returned to work

Was the injured worker affected by Alcohol or Drugs? ☐ Yes ☐ No ☐ Unknown *

Date injured worker completed claim form

Occurrence (Employee Account)

What action was involved?

What object/machine/substance was involved?

The injury or disease caused

The bodily location of the injury or disease

Injury Management

Has Injury Management been initiated? ☐ Yes ☐ No

Has the return to work goal been established? ☐ Yes ☐ No

If Yes, is the goal

Has a Return to Work Programme commenced? ☐ Yes ☐ No

If yes, when did the Return to Work Programme commence?

How many hours/days per week is the injured worker completing on the Return to Work Programme? Hours Days

Are the duties on the Return to Work Programme supernumerary or productive?

Supernumerary hours worked per week

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? ☐ Yes ☐ No *

Select which is applicable to your agency or to the worker *

Pre-injury Earnings

Total amount payable for 1st 26 weekly payments (min \$50)

Total amount payable for 27th weekly payments onwards

Rostered Part Time Days/Hours

TWH	Mon	Tue	Wed	Thu	Fri	Sat	Sun

TWH/HPD

Other Occ

Treatment Details

Did injured worker receive first aid? ☐ Yes ☐ No ☐ Unknown

Who administered first aid?

Time spent administering First Aid (24h) (24h)

Name of Doctor injured worker visited *

Date and time of first doctor visit (24h) *

Date first medical certificate received *

Was the injured worker admitted to hospital as a result of their injury? ☐ Yes ☐ No

Which hospital were they admitted to?

Date and time of admission (24h) *

Line Manager Agreement and Recommendation

Do you agree with the workers details of the occurrence? ☐ Yes ☐ No ☐ Unknown *

Disagreement Details

Is the claim recommended? ☐ Yes ☐ No

If not by you, recommended by

Are there any concerns with the acceptance of this claim?

The screenshot displays three distinct sections of the eClaims form, each highlighted with a colored border:

- Witnesses (Blue border):** Contains a header instruction: "If there was a witness, please attach a witness statement form for each witness". Below this are input fields for Surname, Given Names, and Phone No, each with a small grey icon to its left. An "Add Witness" button is positioned below the Given Names field. A red 'X' icon is visible in the top right corner of this section.
- Agency Recommendation (Yellow border):** Features a section titled "Agency Recommendation" with radio buttons for "Accept", "Deferred", and "Decline". Below this are checkboxes for "Investigate", "Clinical Notes", "IME", "GP Report", and "Legal Opinion". A large text area for "Comments" is at the bottom, with a "255 characters remaining" indicator and a small icon in the bottom right corner.
- Agency Authorisation/Declaration (Red border):** Starts with a declaration statement: "I declare that I am a person authorised to submit this claim to the Insurance Commission of WA and have provided information truthfully and to the best of my knowledge." Below this are input fields for Agency Name, Name, Position, Phone (with a "(08)" prefix), Email, and Submit Date. A "Last Updated" field with a grey icon is located at the bottom right.

You can also decide to disable all sections, which means:

- a) a worker does not have an option to enter their managers' contact details;
- b) an email is not sent to the manager to notify them of the workers claim;
- c) the manager will not enter any sections; and
- d) an agency user will complete all the sections.

Information about how to [Set Up Sections that Managers Complete](#) is described later.

3. Access

eClaims can only be accessed by authorised agency users who have a Login ID (referred to as agency users). To create an account for a new agency user or extend access for an existing agency user, contact clients@icwa.wa.gov.au. You will need to request access to a specific claims class (e.g. workers compensation, motor and/or property).

eClaims can be accessed from the [Logins](#) page on the Insurance Commission website.

During the claim submission process, workers and line managers may complete online forms but they do not require a Login ID.

3.1 Setting up multiple agency access

If your agency has recently changed name or amalgamated with another agency, an agency user should be set up to access multiple agencies. For example, a claim may be lodged now for an injury that occurred when the agency went by another name. You would need to select the correct agency name when you initiate a claim or on the online Employers Report Form so the claim is placed on

the correct policy. If you do not have the option to select the correct agency name, you will need to request access to the agency with the former policy by contacting clients@icwa.wa.gov.au.

3.2 Setting Up Access for Other Users from your Agency

There will be times an agency user is absent from work and unable to submit claims. Others from your agency will need to be set up to submit claims for your agency whilst you are absent.

Having an agency user absent from work is not a reasonable excuse for a late submission.

3.3 Setting Up a Shared Email Address for Agency Users

When workers submit an online claim form, emails are generated to a shared email address that your agency has created (e.g. workerscompclaims@agency.wa.gov.au). This accommodates for when the person responsible for submitting claims is absent from work. When setting up your access to eClaims you will need to provide your shared email address to us. You will also need to arrange for your colleagues to have access to the shared email address. Later we will provide examples of the emails that are generated during the claim submission process.

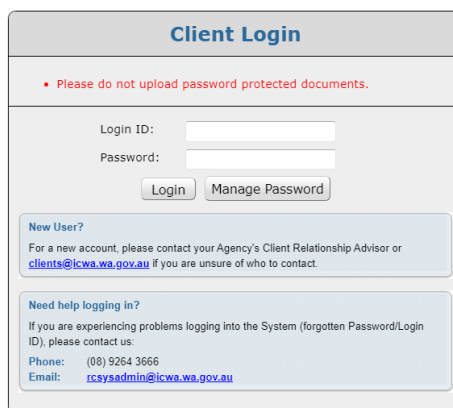
3.4 Setting up Sections on the Employers Report Form that Managers Complete

When setting up the Devolved Model you will need to decide which sections on the Employers Report Form are enabled for a manager to complete or whether you disable them all. When you have decided or you want to make a change, inform the Government Insurance Division Injury Management Advisor.

4. Logging In

To log into eClaims

- Go to the [Agency Login](#) page;
- Enter your Login ID and Password;
- Select Login.



4.1 Manage Password

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

4.2 Accessing the Workers Compensation Claim Class

On the Main Menu, the following message will appear:

 Please be mindful that claims information is confidential and should only be accessed by authorised personnel and only used for authorised purposes

Select the Workers Compensation Claim Class from the drop-down list.

The screenshot shows the 'Insurance Commission of WA' header. Below it is a dropdown menu labeled 'Select Claim Class..'. The menu is open, showing three options: 'Motor Claim', 'Property Claim', and 'Workers Compensation', which is highlighted in blue. Below the dropdown is a button labeled 'Agency Cover Documents' with a menu icon.

The following options will appear:

The screenshot shows the 'Insurance Commission of WA' header. Below it is a dropdown menu labeled 'Workers Compensation'. Below the dropdown is a list of functions 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'. Below this list is a 'Related Links' section with a button labeled 'Agency Cover Documents'.

Agency Reports

Function
Email an online claim form to the worker for them to complete
Lists all claims that are yet to be submitted to us
Query a claim that is yet to be submitted
Submit a claim to us when the worker has completed a paper claim form
Submit a recurrence of injury claim to us
Query a claim that has been submitted
Lists all submitted claims for your agency
Query actual and estimated payments for a specified claim
Lists all payments for services for a specific claim
View cover documents
View data reports to assist you meet your annual reporting requirements.

5. Initiate Worker Claim

This function is used when:

- You have been notified of an injury and you intend to email the worker a link to the online claim form. That is, you want to initiate the claim submission process; or
- The worker is making a claim for an artificial aid only (e.g. damaged spectacles).

To initiate a new claim

- Go to the main menu;

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 Initiate Worker 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

- Select the Agency;
- Indicate if the claim is for a Personal Injury or [Artificial Aids](#);
- Complete the mandatory fields (represented by a red asterisk) and any other fields (optional);
- [Attach and upload documents](#) (optional);
- Add comments for the worker (optional); and
- Select Initiate Claim.

- Multiple agencies will appear in the dropdown list if you have been set up with access to multiple agencies.
- You must type to enter the email address and confirm it. You cannot cut and paste it.
- Site allows you to sort the claim on the List Worker Claims screen. It is an optional field.

You will know a claim has been initiated because:

- The following message will appear onscreen:

 Claim successfully initiated and emailed to worker. Receipt #

The receipt number is a 10-digit number that is used to identify a claim that has not yet been submitted. It is not a claim number. You can [Query a Worker Claim](#) by entering the receipt number.

- The claim is listed on the [List Worker Claims](#) screen with the Claim Status 'Claim Form Created'.

When the Claim Status is 'Claim Form Created' you cannot open the online Employer Report Form. If you Query the Worker Claim (i.e. the receipt number), the following error message will appear:

 **Unable to begin the Employers Report Form until the worker has completed their Claim Form.**

5.1 Worker Will Receive a Link to the Online Claim Form

The worker will receive the following email:



DD/MM/YYYY XX:XX

No-reply@icwa.wa.gov.au

Workers Compensation Claim Form

To <WORKER NAME>,

You have notified your employer of your intention to make a workers compensation claim.

To make a claim, select the link below and allow approximately 15 minutes to complete the claim form. You can save your progress if required. Please have any documents that you wish to include ready for attachment.

Please do not upload password protected documents.

Complete Workers Compensation Claim Form <HYPERLINK>

Please note, the above link is for new workers compensation claims only. If you intend to make a claim for an injury that relates to a previous claim, please contact your employer.

Comments from employer:

If you require additional information or help with the claim submission process, please contact your employer.

Thank you.

Note: This mailbox is not monitored, do not reply

A copy of this email is not sent to you or the agency shared mailbox. You may want to contact the worker to confirm they received it.

If the worker advises they didn't receive it, ask them to check their work/personal email inboxes or junk mailbox. If they didn't receive it, you may have entered an incorrect email address. Start over by initiating a new claim.

5.2 Worker Completes the Online Claim Form

The worker will then complete the online claim form. Screen shots of the [online claim form](#) are provided later.

After the worker has completed the online claim form and clicked Send to Employer, the following message will pop-up on their screen:

Success

Your claim form and any attachments have successfully been provided to your employer.

Please note, if you have not attached and uploaded a First Certificate of Capacity during this online process, you will need to email it to your employer.

Your Receipt number is

Close

The following message will appear on their screen:

Your claim has successfully been provided to your employer.

Status: LODGED TO EMPLOYER Receipt Number: Claim Number: To be advised

The worker will receive the following email:



DD/MM/YYYY XX:XX

No-reply@icwa.wa.gov.au

Confirmation of completion of Workers Compensation Claim Form

To <WORKER NAME>

Attachments: WorkersCompensationClaimForm.pdf, WorkersCompensationClaimInformation.pdf

To <WORKER NAME>,

On DD/MM/YYYY, you completed an online Workers' Compensation Claim form to your employer. The details of that claim are as follows:

Date of occurrence: DD/MM/YYYY
 Receipt Number: 1234567890 * this is not your claim number
 Employer: <AGENCY NAME>
 Status: CLAIM FORM COMPLETED

Your line manager will now review your claim, attach relevant documentation, and forward to Head Office for submission to the Insurance Commission of WA.

If you have not attached and uploaded a First Certificate of Capacity or any other documents, you will need to email it to your employer.

You will be notified when your claim has been submitted to the Insurance Commission of WA and your claim number will be provided.

Thank you.

Note: This mailbox is not monitored, do not reply.

5.3 Line Manager is Notified of Completion of the Online Claim Form

If the worker enters the details of their line manager, the line manager is notified by email that the worker has completed their online claim form. The email says:

DD/MM/YYYY XX:XX

 No-reply@icwa.wa.gov.au

Confirmation of completion of Workers' Compensation Claim Form

To <LINE MANAGER NAME>,

On DD/MM/YYYY, <INJURED WORKER> completed an online Workers' Compensation Claim form for your employer. The details of that claim are as follows:

Date of occurrence: DD/MM/YYYY
 Receipt Number: 1234567890 * this is not your claim number
 Employer: <AGENCY NAME>
 Status: CLAIM FORM COMPLETED / LODGED TO EMPLOYER

A copy of the claim form and documents provided are attached.

A workers' compensation representative from your agency will contact you if they require further information.

Thank you.

Note: This mailbox is not monitored, do not reply.

- The line manager will receive a PDF copy of the claim form.
- The email to the line manager is different when the Devolved Model is used. On this email they are instructed to click on the link to the online Employer Report Form, complete sections on it, attach and upload documents and submit to Head Office.

5.3.1.1 Agency User is Notified of Completion of an Online Claim Form

The Agency User is notified by email that the worker has completed their online claim form. The email says:



DD/MM/YYYY XX:XX

No-reply@icwa.wa.gov.au

Notification of completion of Workers' Compensation Claim Form

To <AGENCY USER>

Cc <SHARED MAILBOX>

Attachments: WorkersCompensationClaimForm.pdf, WorkersCompensationClaimInformation.pdf

To <AGENCY USER>,

On DD/MM/YYYY, <INJURED WORKER> completed an online Workers' Compensation Claim Form. The details of that claim are as follows:

Date of occurrence: DD/MM/YYYY

Receipt Number: 1234567890 * this is not your claim number

Employer: <AGENCY NAME>

Status: CLAIM FORM COMPLETED / LODGED TO EMPLOYER

You are now required to log on to:

- Review the claim;
- Complete an Online Employer's Report Form;
- Attach documents related to the claim; and

- Submit to the Insurance Commission.

Please note, no Line Manager has been notified of the claim.

Thank you.

Note: This mailbox is not monitored, do not reply.

If a Line Managers' details are entered by the worker, the details will be described on the email.

5.3.2 Agency User Completes the Online Employers Report Form

You can access the online Employers Report Form by:

- Querying a receipt number ([Query Worker Claim](#));
- Searching the claim on the [List Worker Claims](#) screen.

Complete the online Employers Report Form and click Submit.

The following pop-up message will appear on the screen:

Submission

You are about to submit a claim to the Insurance Commission. If you proceed, you will not be able to make any changes to the form or attach/upload any other documents. Do you wish to continue?

Yes No

You will know you have sent the claim to us because:

- The following message will appear on the screen;



- A claim number appears on screen and the Claim Status changes to 'Being Added/Unknown'.

Claim Status

Claim Number	[redacted]	Claim Status	Being Added/Unknown	Receipt Number	[redacted]
--------------	------------	--------------	---------------------	----------------	------------

- The claim is listed on the [List Submitted Claims](#) screen.

When the Initiate Claim and Devolved Model submission methods are used, emails are generated to notify the worker and the line manager (if the worker entered their contact details) that the claim has been submitted. An email is not sent to you or the shared mailbox.

When the Submit Claim submission method is used, no emails are generated.

5.3.2.1 Worker is Notified of the Submitted Claim

The worker will receive the following email:

	DD/MM/YYYY XX:XX No-reply@icwa.wa.gov.au Confirmation of submission of Workers' Compensation Claim Form to the Insurance Commission
To <WORKER NAME> To <WORKER NAME>, On DD/MM/YYYY, your employer submitted your Workers Compensation Claim to the Insurance Commission. The details of that claim are as follows: Claim Number: XX/XXXXXX Date of Submission: DD/MM/YYYY Date of accident: DD/MM/YYYY Status: SUBMITTED TO ICWA We will now assess the claim and notify you of the decision. Please provide your claim number to your treatment providers to include on all communications regarding your claim. If you have any out-of-pocket claims expenses, you can request reimbursement at icwa.wa.gov.au/er/. You will be asked to upload your receipt/s and provide your bank details for any payment to be made. Thank you. Note: This mailbox is not monitored, do not reply.	

5.3.2.2 The Line Manager is Notified of the Submitted Claim

If the worker entered their contact details, the line manager will receive the following email:

	DD/MM/YYYY XX:XX No-reply@icwa.wa.gov.au Confirmation of submission of Workers' Compensation Claim Form to the Insurance Commission
To <LINE MANAGER NAME> To <LINE MANAGER NAME>, On DD/MM/YYYY, <INJURED WORKER NAME> completed an online Workers Compensation Claim form. The details of that claim are as follows: Claim Number: XX/XXXXXX Date of Submission: DD/MM/YYYY	

Date of accident: DD/MM/YYYY
Status: SUBMITTED TO ICWA

This is a confirmation notification that the claim has now been forwarded to the Insurance Commission for consideration. The claim number should be referenced on all further correspondence relating to this claim.

Thank you.

Note: This mailbox is not monitored, do not reply.

If the worker did not enter their line manager details on the online claim form, no email is sent to the line manager.

5.3.3 Initiating an Artificial Aids Claim

When an agency user selects an Artificial Aids Only claim on the Initiate Claim form, the online claim form changes. Questions relating to a personal injury do not appear and a worker is not required to attach and upload a first certificate of capacity.

- Artificial Aids Claims can be submitted using the Submit Claim function.
- The online claim form does not ask the worker whether they are making a claim for a personal injury or artificial aids only.

6. List Worker Claims

This lists all claims that are in the process of being submitted but not yet submitted.

You can use this list to:

- Check the status of a claim;
- Search a claim to complete the Employer Report Form online and submit it; and
- [Delete a claim](#) that has not yet been submitted.

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

To view a list of worker claims:

- Go to main menu;
- Select List Worker Claims;

Insurance Commission of WA

Workers Compensation

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

- All the claims that are yet to be submitted will be listed.

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 completed	
	Child & Adolescent Community Health	Wachs-MIDWEST	Lodged to Employer			22/06/2017	01/04/2014	22/06/2017	Delete
	Department of Education	South Metro	Manually Entered Claim Form				31/05/2016		Delete
	Child & Adolescent Community Health	WACHS Midwest	Lodged to Employer			26/06/2017	01/04/2016	26/06/2017	Delete

Click on a column header to sort your results in ascending/descending order.

If you cannot view the claim:

- Enter the Receipt Number and select Search; or
- Enter the Workers Surname or Given Name(s) and select Search; or
- Filter by Status/s and select Search.

The claim statuses are:

Claim Form Created – A claim has been initiated by the agency user but the worker has not commenced the online claim form

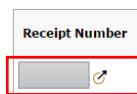
Claim Form in Progress - The worker has commenced an online claim form but has not yet completed it.

Claim Form Completed – The worker has completed an online claim form but has not attached a first certificate of capacity.

Lodged to Employer – The worker has completed an online claim form and attached a first certificate of capacity.

Manually Entered Claim Form – The worker completed a paper claim form and the agency user has commenced an online Employers Report Form but not yet submitted it.

To view the Employers Report Form, select the Receipt Number:



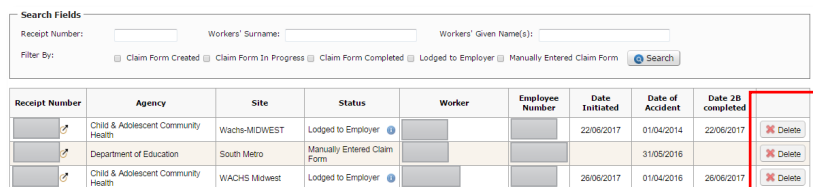
Delete a workers claim if the claim is no longer required.

6.1 Delete a Worker Claim

Claims that are yet to be submitted (i.e. those listed on [List Worker Claims](#)) can be deleted. Claims that have been submitted (i.e. those listed on [List Submitted Claims](#)) cannot be deleted.

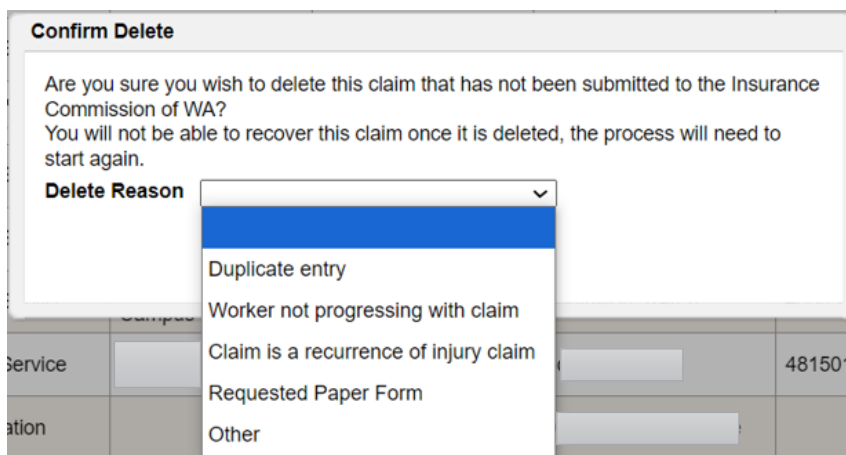
To delete a claim:

- Go to List Worker Claims and search for the claim with the correct Receipt Number;
- Select the Delete button;



Receipt Number	Agency	Site	Status	Worker	Employee Number	Date Initiated	Date of Accident	Date 28 completed	
	Child & Adolescent Community Health	Wachs-MDWEST	Lodged to Employer			22/06/2017	01/04/2014	22/06/2017	Delete
	Department of Education	South Metro	Manually Entered Claim Form				31/05/2016		Delete
	Child & Adolescent Community Health	WACHS Midwest	Lodged to Employer			26/06/2017	01/04/2016	26/06/2017	Delete

- Provide a Delete Reason;



Confirm Delete

Are you sure you wish to delete this claim that has not been submitted to the Insurance Commission of WA?
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 receive the following message:

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

- You cannot recover deleted claims. If you accidentally delete the incorrect claim you will need to start over.

7. Query Worker Claim

Querying a worker claim allows you to view a claim that is in the process of being submitted. You can:

- View the status of the claim;
- Complete the Employers Report Form; or
- Delete the claim.

To query a worker claim:

- Go to main menu;
- Enter the Receipt Number and press Enter.



The screenshot shows the 'Insurance Commission of WA' eClaims system interface. At the top, there is a header with the text 'Insurance Commission of WA' and a dropdown menu currently set to 'Workers Compensation'. Below the header is a list of menu items, each preceded by a circular icon: a plus sign for 'Initiate Worker Claim', a list icon for 'List Worker Claims', a magnifying glass for 'Query Worker Claim', a plus sign for 'Submit Claim', a plus sign for 'Recurrence Claim', a magnifying glass for 'Query Claim', a list icon for 'List Submitted Claims', a list icon for 'Claim Estimates', and a list icon for 'Claim Payments'. The 'Query Worker Claim' item is highlighted with a red rectangular border. To the right of this item is a text input field labeled 'Receipt No'.

You will be able to view the online Employers Report Form and complete it.

8. Submit Claim

This method is used to submit new claims (not recurrences) and when a worker has completed a paper claim form. To submit a claim:

- Select Submit 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 workers Surname and/or Given Names;
- Select Check.

Receipt No: Query Reset

Injured Worker

Surname * Given Names Check

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

Reset

This checks for an existing claim in progress but not for previously submitted claims.

If there are no existing claims in progress for the worker then you will receive the following message:

Injured Worker

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

Surname * Given Names Check

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

- Select Complete New Form;
- [Complete the Employers Report Form.](#)

If there is a claim in progress for the worker then you will receive the following message:

Injured Worker

One result was found, what would you like to do? Query Result Complete New Form

Surname * Given Names Check

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

To view the result:

- Select Query Result;
- Review and complete the Employers Report Form.

To submit a new claim for the worker:

- Select Complete New Form;
- Complete Employers Report Form.

If there are multiple claims in progress for the worker, then you will receive the following message:

Injured Worker

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

List Results Complete New Form

Surname * Given Names Check

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

Select Complete New Form to complete an Employers Report Form for a new claim.

To view the list of claims in progress for a specific worker, select List Results.

Receipt Number	Agency	Site	Status	Worker	Employee Number	Date Initiated	Date of Accident	Date 28 Completed	
			Manually Entered Claim Form				16/06/2014		Delete
			Manually Entered Claim Form						Delete
		here there & everywhere	Claim Form Completed			28/03/2017	01/03/2017	28/03/2017	Delete
			Manually Entered Claim Form		ddd				Delete

- Click on the Receipt Number that is underlined and has an image of a circle with an arrow to view the Employers Report Form.



To complete a new search:

- Select Reset;

Receipt Number Query Reset

Injured Worker

Surname * Given Names Check

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

Reset

- Enter the workers Surname and/or Given Names;
- Select Check;
- Select Complete New Form.

9. The Employers Report Form

When you view an online Employers Report Form there are signs the claim has or has not been submitted.

9.1.1 Signs that an Employers Report Form is yet to be Submitted

- The claim appears on List Worker Claims;
- The Claim Status section of the online Employers Report Form does not display a Claim Number nor a Claim Status.

Claim Status

Claim Number	Claim Status	Receipt Number
--------------	--------------	----------------

- Fields on the online form are white and editable.

9.1.2 Signs that an Employers Report Form has been Submitted

- The claim appears on List Submitted Claims;
- When you click on the Receipt Number, the Claim Status section of the Employers Report Form displays a Claim Number and a Claim Status.

Claim Status

Claim Number	Claim Status	Receipt Number
--------------	--------------	----------------

- The fields on the online form are grey and not editable.

9.2 Completing the Employers Report Form

Below is an example of an online Employers Report Form:

Injured Worker

Surname * Given Names *

Claim Type

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

Agency Details

Agency * Major Activity *

Claim Documents

Workers' Compensation Claim Form No file chosen

1st Certificate of Capacity No file chosen

Select other attachment type No file chosen

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

1-1 of 0

Injured Worker Additional Details

Gender ☐ Male ☐ Female *

Employee Number

Site

Occupation *

Risk Code 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? ☐ Yes ☒ No *

Select which is applicable to your agency or to the worker *

Occurrence Details

Occurrence Date and Time * hh:mm (24h) *

Town/Suburb *

Hours the employee worked prior to occurrence hours

Some fields will be pre-populated if the worker has completed an online claim form or if you have previously saved it.

You must select the Agency. The numbers after the agency name indicate the cover period. The Occurrence Date must fall within the agency's cover period.

Red asterisks represent mandatory fields. Information boxes provide details about how to enter the fields.

All fields in white are editable. Coloured fields are not editable. In the example below, the worker completed an online claim form. Their account of the occurrence cannot be edited.

Occurrence (Employee Account)

What action was involved?

What object/machine/substance was involved?

The injury or disease caused

The bodily location of the injury or disease

The employees account section is not displayed when the Submit Claims function is used.

If you are using the Devolved Model and line managers are expected to complete some sections of the Employers Report Form, the following message may appear:

Line Manager has not completed their part of the Employers Report form

An agency user can still complete the online Employers Report Form when this message appears.

Some line managers have reported they are unable to progress onto the Next page of the online Employer Report Form. They click on the Next button and an error message appears.

The presence of the Next button suggests there is another page for them to complete, but there isn't.

If a line manager reports this issue to you, inform them there is no Next page. Instruct them to click Submit. We will be removing the Next button in the future.

If the line manager and the agency user is simultaneously entering data on the online Employers Report Form data may be overwritten or lost. Save your progress, particularly if you see this message, and ensure the data is complete and correct before submitting the claim.

If a worker enters their line manager details on the online claim form, the details do not appear on the online Employers Report Form. You will know who the line manager is because it is described on the email that notifies you the worker has completed a claim.

To complete the Employers Report Form:

- Enter all mandatory fields;
- Enter other fields (optional);
- Attach and upload documents;
 - Choose file and upload;
 - For other attachment types, select from the list, choose the file and upload;
 - Uploaded documents will appear in the table.

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

The online Employers Report Form is the same as the paper version. We do not require both versions.

- 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

9.2.1 Signs you have Successfully Submitted an Employers Report Form

- You receive a message that says 'Add Successful';
- A Claim Number appears;
- The Claim Status says Being Added/Unknown; and

Claim No:

(0004) Add successful

Claim Status

Claim Number: Claim Status: Being Added/Unknown Receipt Number:

- The claim appears on List Submitted Claims.

9.2.2 Signs you have not Successfully Submitted an Employers Report Form

- A message will appear that outlines the issue/s and reason/s, and fields will appear in red (refer to [Error Handling](#)); and
- No Claim Number or Claim Status appears.

You must edit the fields and then resubmit the claim. If you are unable to rectify the issues please contact us.

9.3 Emails Generated Following Successful Submission

For claims submitted using the Initiate Claim function or the Devolved Model, emails are generated to notify the [worker](#) and the [line manager](#) of the submitted claim. No emails are generated for claims submitted using the Submit Claim function.

9.4 Submitting Additional Documents Following a Claim Submission

After you have submitted a claim you cannot edit fields on the Employers Report Form nor upload any additional documents. If you made an error, you have additional information to provide or you wish to submit a document, you will need to email us.

Your Claims Officer will advise what email address you send the documents to. The subject line should be: *'Injured Worker First Name Surname – Claim Number'*. The body of the email can be left blank.

9.5 Save Employers Report Form

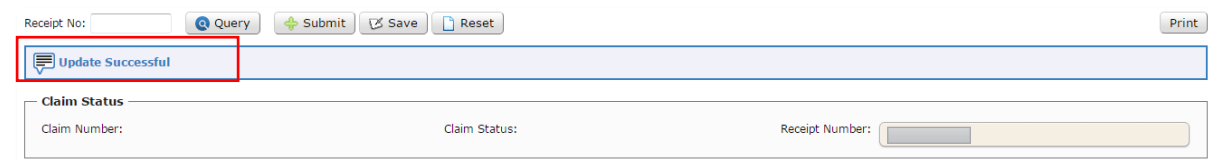
Whilst completing the online Employers Report Form you can save your progress. To do so, select Save.



If saving progress for the first time, the following message will appear:



If saving progress on an Employers Report Form that already has a receipt number, the following message will appear:



To access a saved Employers Report Form go to [List Worker Claims](#) and search the receipt number or the worker's surname and given names, or [Query Worker Claims](#) and query the receipt number.

9.6 Save or Print a Completed Employers Report Form

To save or print a completed Employers Report Form:

1. Select Print;



2. The Employers Report Form will open as a PDF;
3. Select Print; and
4. Select Destination 'Save as PDF' or a printer.

Alternatively, in the claims documents section:

1. Select Employers Report Form;
2. The Employers Report Form will open as a PDF;
3. Select Print; and
4. Select Destination 'Save as PDF' or a printer.

10. Submit Recurrence Claim

You will not be able to submit a recurrence claim if we have already received a document about an injury recurrence (e.g. a progress certificate of capacity or an email) and created a recurrence claim. Any documents will need to be emailed directly to the Claims Officer.

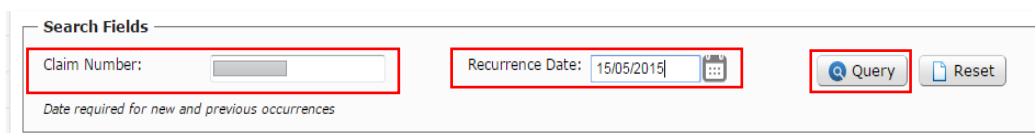
To submit a recurrence claim:

- Go to main menu;



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

- Select Recurrence Claim;



The screenshot shows the 'Search Fields' section. It includes a 'Claim Number' input field (highlighted with a red box), a 'Recurrence Date' input field with a calendar icon (highlighted with a red box), and a 'Query' button (highlighted with a red box) and a 'Reset' button. Below the input fields, it says 'Date required for new and previous occurrences'.

- Enter the claim number and the recurrence date;
- Select Query.

The following message will appear:

Query Successful - No match found. Complete Form below.

- Complete the online Employers Report Form;

The online Employers Report Form for recurrence claims is different to the online Employers Report Form for new claims.

- Attach and upload documents;
- Select Submit.

Search Fields

Claim Number: Recurrence Date: 15/05/2015

Date required for new and previous occurrences

Agency Details

Agency: Major Activity:

Claim / Worker Details

Claim Number: Site of Injury:

Surname: * Given Names: *

Industrial Agreement: * Weekly Compensation Rate: *

Claim Documents

Select attachment type No file chosen

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? *

You will know the claim has been submitted successfully because the following message will appear:

Recurrence has been submitted

Search Fields

Claim Number: Recurrence Date: 15/05/2015

Date required for new and previous occurrences

If the claim submission has been unsuccessful, a message will appear that outlines the issue/s and reason/s, and fields will appear in red (refer to [Error Handling](#)). In the example below, the agency user had not entered the Weekly Compensation Rate which caused an error. You must edit the fields and then submit the claim.

The following validation errors have occurred

- Weekly Compensation Rate has not been filled in.

Search Fields

Claim Number: Recurrence Date: 15/05/2015

Date required for new and previous occurrences

Agency Details

Agency: Major Activity:

Claim / Worker Details

Claim Number: Site of Injury:

Surname: * Given Names: *

Industrial Agreement: * Weekly Compensation Rate: *

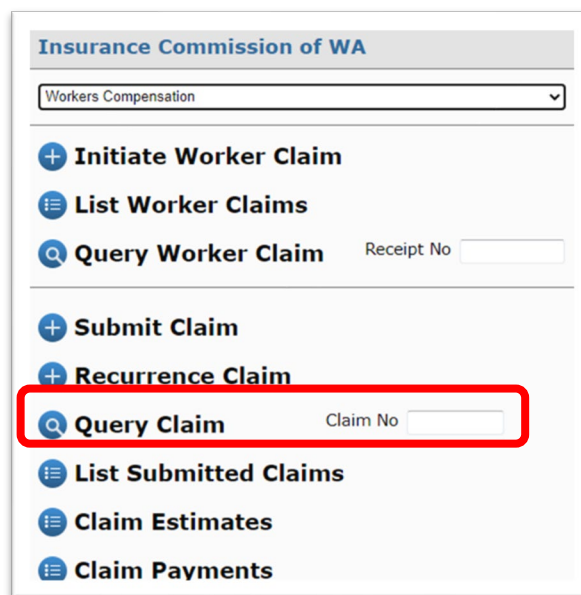
11. Sending Documents on an Existing Claim

EClaims is only used to submit new or recurrence claims. It cannot be used to send documents to us on an existing claim. Your claims officer will advise how to send documents to us, including who to send it to, and what to include in the subject line and the body of the email.

12. Query Claim

Querying a claim allows you to view an Employers Report Form of a submitted claim.

- Go to main menu;



The screenshot shows the 'Insurance Commission of WA' eClaims portal. At the top, there is a dropdown menu set to 'Workers Compensation'. Below this, a list of menu items is displayed: '+ 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 and highlighted by a red rectangle), 'List Submitted Claims', 'Claim Estimates', and 'Claim Payments'.

- Next to Query Claim enter a claim number;
- Press Enter.

13. List Submitted Claims

To view a list of submitted claims:

- Go to Main Menu;
- Select List Submitted Claims.

Insurance Commission of WA

Workers Compensation

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

It lists all claims submitted in the past fortnight by default.

59 available results were returned.

Search Fields

Claim Number: Workers' Surname: Workers' Given Name(s):

Date Submitted From: 21/06/2017 To: 05/07/2017 Accident Date From: To: Search Reset

Pay	Est	Claim Number	Worker	Site	Occurrence Date	Date Submitted	Site of Injury	Claim Status	Decision
					26/06/2014	27/06/2017		Being Added	No Decision
					26/05/2014	28/06/2017		Being Added	No Decision
					19/06/2014	26/06/2017		Being Added	No Decision

You can refine your search by entering the:

- Claim Number;
- Worker's Surname and Worker's Given Names;
- Date Submitted ranges; and
- Accident Date ranges.

Sort the List Submitted Claims by ascending/descending order by clicking on column headings.

Select Reset to clear the search fields.

To view an Employers Report Form, select the hyperlink.

Claim Number

↗

14. Attach and Upload Documents

Documents can be attached and uploaded to online forms by:

- An injured worker (if they complete an online claim form);
- A line manager (if the devolved model is used and it is set up that they enter sections on the Employers Report Form);
- An agency user.

You cannot upload a document with a size that exceeds 10MB.

14.1.1 Attaching Documents to an Initiated Claim

When initiating a claim, you may want to provide information about the claims and injury management process to the worker.

To attach and upload documents to an initiated claim:

- Select Choose file;
- Select your file;
- Select Upload.

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

You will know the document has been attached and uploaded because it will appear in the table. If it is not in the table, select Upload.

The documents you attach and upload are attached to the email the worker receives. They are not attached and uploaded to their online claim form.

14.1.2 Attaching Documents to an Employers Report Form

To submit a claim the claim form and first certificate of capacity must be attached and uploaded to the online Employers Report Form. To attach and upload these documents:

- Select Choose file;
- Select your file;
- Select Upload.

For any other attachment type:

- Select an attachment type from the drop down menu;
- Select Choose file;

- Select your file;
- Select Upload.

You will know the document has been attached and uploaded because it will appear in the table. If it is not in the table, the user needs to select Upload. If it is still not in the table, refer to [Actions when documents fail to attach](#).

The column titled 'By' lets you know who has attached and uploaded the document. If attached and uploaded by the agency user, their username is listed.

Attachment Type	File Name	Uploaded	By	Del
Workers' Compensation Claim Form	WorkersCompensationClaimForm.pdf	31/10/2024	WORKER	
First Certificate of Capacity		31/10/2024	WORKER	
Progress Medical Certificate		31/10/2024	WORKER	
Accounts		31/10/2024	WORKER	
Progress Medical Certificate		31/10/2024	doe4	✗
Accounts		31/10/2024	doe4	✗

The system does not verify the first certificate of capacity is a first certificate of capacity or that it is complete. The following information is provided to an injured worker on the online claim form:

'A First Certificate of Capacity must be provided to your employer so they can submit your claim. It has multiple pages and all pages need to be provided. If you attach and upload a first certificate of capacity which only contains the first page, attach and upload the other pages separately, by selecting attachment type first certificate of capacity'.

If an injured worker attaches and uploads a first certificate of capacity which is not a first certificate of capacity or is incomplete, the online Employers Report Form will indicate the claim status is Lodged to Employer and a Date Lodged with Employer will be displayed. On the Employers Report Form you can edit the Date Lodged with Employer to the correct date you received the complete first certificate of capacity.

14.1.3 Actions when documents fail to attach

You will know a document has failed to be attached and uploaded because it doesn't appear in the table. No error messages appear onscreen.

There are two reasons a document will fail to attach:

1. The first name or surname of the injured worker includes a disallowed special character;
2. The document size exceeds 10MB.

If the first name or surname of the injured worker includes a disallowed special character, you can edit it. Remove the disallowed special character and click Save. You will then be able to attach and upload the document.

If there are no disallowed special character in the first name or surname, check the size of the document. If it exceeds 10MB, here is how to reduce its size:

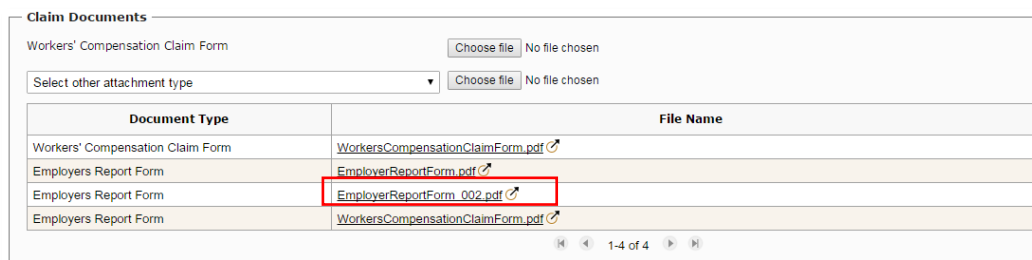
- Open the document.
- Select Print; and
- Select Destination 'Save as PDF'.
- Rename the document.

The size of the document will reduce. Attach and upload the new document.

14.2 Viewing a Document

To view an uploaded and attached download:

- Select the File Name of a document from the Claim Documents section;



The screenshot shows a web interface titled 'Claim Documents'. It has two file upload buttons at the top: 'Workers' Compensation Claim Form' and 'Select other attachment type', both with 'Choose file' and 'No file chosen' text. Below these is a table with two columns: 'Document Type' and 'File Name'. The table contains four rows of data. The third row, 'Employers Report Form' with file name 'EmployerReportForm_002.pdf', is highlighted with a red rectangular box. The bottom of the interface shows a pagination indicator '1-4 of 4'.

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

- A PDF of the document will be downloaded;
- Select Downloads from the web browser;
- Select the document.

15. Viewing Claim Estimates

This function allows you to view:

- Estimates and actual costs of a specific claim;
- Estimated and actual time lost of a specific claim;
- The claim status; and
- The liability decision.

To view the estimated and actual costs on a specific claim:

- Go to Main Menu;

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 Claim Estimates;
- Enter a Claim Number;
- Select Search.

Search Fields

Claim Number:

Search

A message will say 'query successful' and the following screen will appear:

Search Fields

Claim Number:

Search

Claim Estimate Details

Accident Date and Time
05/07/2013
Time:
12:30

Claimant

Claim Status
Open

Liability Decision
No Decn

Reviewed
5/07/2017

Reviewed (Common Law)
5/07/2017

Cost Details

	Estimate	Actual
Compensation	\$1,500.00	\$0.00
Common Law	\$2,000.00	\$0.00
Medicals	\$2,000.00	\$0.00
Voc Rehab	\$15,000.00	\$0.00
Other	\$5,000.00	\$0.00
Time Lost		
Weeks	3	0
Days	2	0
Hours	1.0	0.0

16. Viewing Claim Payments

To view payments on a specific claim:

- Go to main menu;

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 Claim Payments;
- Enter a Claim Number;
- Select Search;

Search Fields

Claim Number:

Date from: Date to:

Filter by: ☐ Compensation Payments Only

To refine your search, you can enter a date range, and filter by Compensation Payments Only. The following list will appear:

Pay No.	Payee	Min Service from Date	Max Service to Date	Amount Paid	Invoked 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	
3	(Cr)	02/11/2010	02/11/2010	\$61.05	\$61.05	Cheque Retired	17/11/2010	
2	(Cr)	15/10/2010	15/10/2010	\$61.05	\$61.05	Cheque Retired	17/11/2010	
1	(Cr)	12/10/2010	12/10/2010	\$61.05	\$61.05	Cheque Retired	17/11/2010	

To view a specific payment:

- Select the payment reference hyperlink.

Payment Reference

A service item payments screen will appear:

Payment Details					
Claim Number:		Payment Number:	4	Payee:	Department of Education
Payment Status:	Cheque Retired	Status Date:	01/12/2010	Payment Reference:	
Back					

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 payments.

17. Accessing Agency Reports

We provide data reports to assist agencies meet their annual reporting requirements. Only authorised agency users have access to the agency reports.

To access these reports:

- Go to Main Menu;
- Select Agency Reports;

- Select your Agency and the Report Period;

Search Fields	
Agency:	
Report Period:	

- Select Performance Report or RTW Report.

Search Fields	
Agency:	Burswood Park Board
Report Period:	30/06/2016

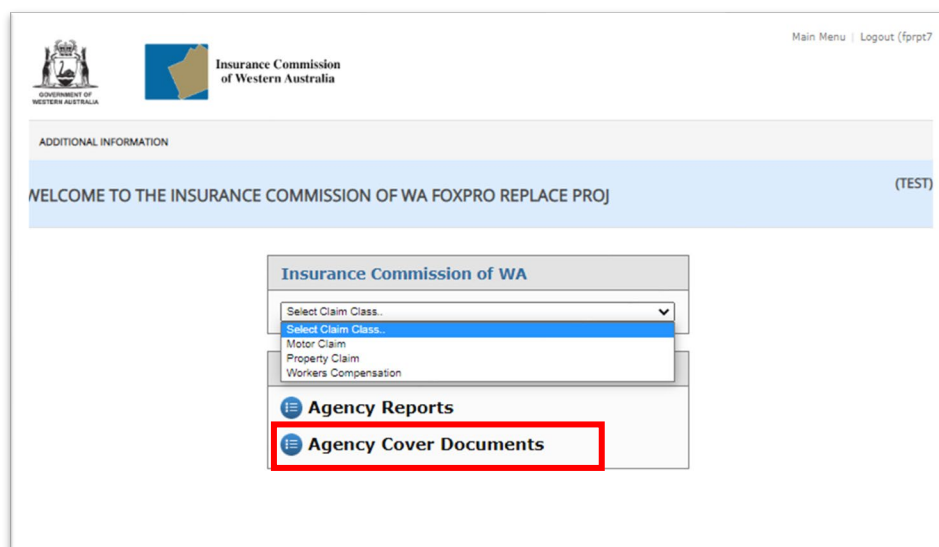
Performance Reports	OSH and Injury Management Reports
Performance Report	Performance Report
	RTW Report

The Performance Report provides data about number of fatalities, lost time injury/disease incidence rate and lost time injury/disease severity rate. The Return to Work Report lists all claims where there was lost time in the reporting period and it can be used by agencies to report on return to work rates at 13 and 26 weeks.

18. Accessing Agency Cover Documents

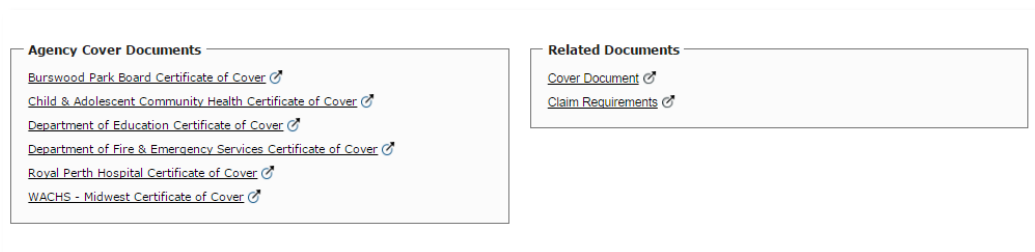
To access agency cover documents:

- Go to Main Menu;
- Select Agency Cover Documents;



The screenshot shows the ICWA portal interface. At the top, there is a header with the ICWA logo and the text 'Insurance Commission of Western Australia'. Below the header, there is a 'WELCOME TO THE INSURANCE COMMISSION OF WA FOXPRO REPLACE PROJ' message. On the left side, there is a sidebar menu with the following options: 'Select Claim Class...', 'Motor Claim', 'Property Claim', 'Workers Compensation', 'Agency Reports', and 'Agency Cover Documents'. The 'Agency Cover Documents' option is highlighted with a red box.

- Select the Agency Cover Document to view a PDF version of it.



The screenshot shows the 'Agency Cover Documents' page. It features two main sections: 'Agency Cover Documents' and 'Related Documents'. The 'Agency Cover Documents' section lists several documents with links to their PDF versions: '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 'Related Documents' section lists 'Cover Document' and 'Claim Requirements'.

19. The Online Claim Form

It is helpful for agency users to understand the workers experience of submitting an online claim form. The following screen shots are taken from the online claim form.

19.1 The Terms and Conditions Screen

The worker is informed what they must do to make a claim and who to contact if they need help.



WORKERS COMPENSATION CLAIM FORM

(TEST)

Terms and Conditions ☒ Personal Details ☒ Employment ☒ Occurrence Detail ☒ Occurrence Report ☒ Medical ☒ Concurrent Claims ☒ Finalise ☒

- i** This is an online Workers Compensation Claim Form. To make a claim you must:
- Complete this form and provide a copy of a First Certificate of Capacity, issued by a doctor, to your employer
 - Read and agree to the Terms and Conditions and acknowledge the Privacy Notice to proceed.

If you require additional information or help with the claims submission process, see the menu items above or contact your employer.

At the end of this process you will be able to attach supporting documents (e.g. First Certificate of Capacity). **If you require a Witness Statement or Travel Incident form, please download from the Forms menu above.**

Employer: Department of Education

Terms and Conditions

By completing this electronic Workers Compensation Claim Form you are confirming that:

- you are the person who completed the form
- you are agreeing to conduct the transaction electronically and that the information provided is to the best of your knowledge true, accurate and complete
- you understand that your employer will be contacted and will be provided with all the information you provided during this electronic transaction

Privacy Notice

The Insurance Commission of Western Australia collects your personal information through this form to assess and manage your workers compensation claim. During the course of your claim, we will continue to collect other personal information from you and/or other relevant parties (including hospitals, medical providers, injury management and rehabilitation professionals etc) for the same purpose. Your information may be shared with other authorised parties where necessary and authorised by law. By completing and submitting this form, you confirm that you understand and acknowledge the collection, use, and disclosure of your personal information for these purposes. For further details on how we handle your personal information, please read our Privacy Policy at www.icwa.wa.gov.au/privacy.

☐ I have read and agree to the Terms and Conditions of use and acknowledge the Privacy Notice

Save Progress Back Next

In this example, the worker may work at Castlereagh School but the online form says their employer is Department of Education. The worker cannot edit the employer.

The worker cannot proceed with the online claim form without confirming they have read and agreed to the terms and conditions of use.

Other Features

The top toolbar has the following tabs:

ADDITIONAL INFORMATION FORMS

Additional information includes workers compensation claims information (based on the information sheets on the paper version of the claim form) and frequently asked questions.

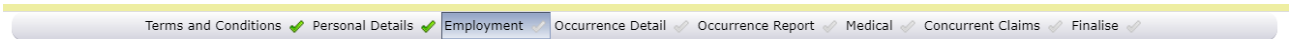
The forms include:

- Witness statement form;
- Travel incident form;
- Declaration of employment;

- Reimbursement of travelling expenses;
- Consent authority; and
- Declaration of worker not residing in Western Australia.

Workers may decide to complete, attach and upload these forms to their online claim form.

Below the top toolbar is a row that lists each of the screens on the online claim form. Workers must complete the screens in order from left to right. The green tick represents completed screens.



19.2 The Personal Details Screen

WORKERS COMPENSATION CLAIM FORM
(TEST)

Terms and Conditions ✓ Personal Details ✓ Employment ✓ Occurrence Detail ✓ Occurrence Report ✓ Medical ✓ Concurrent Claims ✓ Finalise ✓

Provide your Personal Details

Personal Details

Surname *

Given Names *

Gender *

Date of Birth Day / Month / Year *

Daytime Contact Phone No *

Preferred Language (if not English)

Preferred Contact Method: *

Email Address *

Confirm Email Address *

Residential Address

Street 1 *

Street 2

State Western Australia *

Town/Suburb *

Line Manager Details

Surname *

Given Names *

Phone Number

Email Address *

Confirm Email Address *

In the event of injury your line manager plays an integral role in supporting you and assisting to progress your claim. If you do not wish to include your line manager in the claim submission process the claim can be referred directly to head office. Do you wish for your claim to be referred directly to Head Office?

☐ Yes ☒ No

Fields with a red asterisk are mandatory fields. Further information is available if they click on the icon. Workers have the option to enter their Line Manager Details. The worker cannot proceed with the online claim form if a mandatory field is left blank.

For the Devolved Model only

After clicking Next, the following message appears on screen:



Completing the personal details screen creates a receipt number. Agency users can query the receipt number and check the status of the claim, but they cannot open the Employer Report Form until the worker has completed the online claim form.

An email is also sent to the worker:



DD/MM/YYYY XX:XX

No-reply@icwa.wa.gov.au

Workers Compensation Claim Form

To <WORKER NAME>,

On DD/MM/YYYY, you commenced an online Workers Compensation Claim form.

Employer: <AGENCY NAME>
Status: CLAIM FORM CREATED

You can return to this form by clicking here <HYPERLINK>.

Please note, the above link is for new workers compensation claims only. If you intend to make a claim for an injury that relates to a previous claim, please contact your line manager or your agency's workers compensation and injury management branch.

If you require additional information or help with the claim submission process, please contact your line manager or your agency's workers compensation and injury management branch.

Thank you.

Note: This mailbox is not monitored, do not reply.

This email provides the worker a link to the online claim form. This allows them to return to the online claim form if they happen to close the web browser or the session times out.

No other emails are generated.

For the Initiate Claim Method only

After clicking Next, no messages appear on-screen and no emails are generated.

- This is because a receipt number was generated when the claim was initiated and the worker already received an email with a link to the online claim form.
- Any changes a worker makes to the online form are saved when they click Save Progress or Next.

19.3 The Employment Screen

Terms and Conditions ✓ Personal Details ✓ Employment Occurrence Detail Occurrence Report Medical Concurrent Claims Finalise ✓

Provide your employment details as at the time the injury occurred

Employment Details

What was your occupation at the time of the occurrence? * ⓘ

What were the main duties and tasks you performed? *

Employment Type

At the time of the injury I was working as a * ⓘ

If other please specify

Please select your employment type *

Other Employment

Do you have any other jobs? ☐ Yes ☐ No *

Employer Name Phone No Hours per week

Job Details

Save Progress

Back

Next

Greyed fields cannot be edited however they can be depending on the response given in another field. For example, if a worker enters they have another job, fields can be entered.

Other Employment

Do you have any other jobs? ☒ Yes ☐ No *

Employer Name * Phone No Hours per week

Job Details

Add additional employer

19.4 The Occurrence Detail Screen

Terms and Conditions ☒ Personal Details ☒ Employment ☒ Occurrence Detail ☒ Occurrence Report ☒ Medical ☒ Concurrent Claims ☒ Finalise ☒

Occurrence Details

Please provide the date of the occurrence  * 

Please provide the approximate time of the occurrence * 

At what address did the occurrence happen?

Town/Suburb *

Did you have to stop working? ☐ Yes ☐ No *

If so when? Date Time 

Select the most appropriate working status  *

Occurrence Description

What action was involved? *  255 characters remaining

The injury or disease caused *  50 characters remaining

What object/machine/substance was involved? *  115 characters remaining

The bodily location of the injury or disease *  30 characters remaining

When text is entered in the Town/Suburb field, a drop down list appears. They must select the correct option:

Town/Suburb * 

Did you have to stop working? ☐ Yes ☐ No *

If so when? 

Select the most appropriate working status  *

Drop down list options:

- SUBIACO, 6008
- SUBIACO COGLAN ROAD, 6008
- SUBIACO EAST, 6008
- SUBIACO NICHOLSON RD, 6008

The field has been entered correctly when the field is cream, a pen and paper icon appears and it says 'SUBURB/TOWN, XXXX'.

 *

The field has not been entered correctly when the field is white and there is no pen and paper icon. Because it is a mandatory field, an error message will appear when the worker clicks 'Next'.

*

The fields in the occurrence description section have character limits. The following message appears:

 If there is insufficient space, specify within the field and attach additional information at the end of this process.

19.5 The Occurrence Report Screen

Terms and Conditions

Personal Details

Employment

Occurrence Detail

Occurrence Report

Medical

Concurrent Claims

Finalise

If there is insufficient space, specify within the field and attach additional information at the end of this process.

Occurrence Report

Where did the occurrence happen?

What were you doing at the time of the occurrence?

What were the normal working hours for that day? From to Hours 0 hrs

When did you first report the occurrence? Date Time

Who did you report the occurrence to? Surname Given Names

Position Phone No

If you didn't report the occurrence immediately, please state the reason if any

Witnesses

Please provide the name and daytime contact phone number of witnesses of the occurrence.

19.6 The Medical Screen

Terms and Conditions

Personal Details

Employment

Occurrence Detail

Occurrence Report

Medical

Concurrent Claims

Finalise

Provide details of medical assistance provided for the injury and relevant medical history.

Medical Help/ History

When did you first seek medical attention? hh:mm (24h)

If not immediately, please state the reason 255 characters remaining

Was the part of the body affected by this occurrence healthy before this occurrence? ☐ Yes ☐ No

If not please give details? 255 characters remaining

Is the present injury completely related to this occurrence? ☐ Yes ☐ No

If not please give details? 255 characters remaining

Please give details of any similar injury prior to this occurrence 255 characters remaining

Medical Practitioner Details

Name and contact details of your usual medical practitioner and any health provider who has treated you for a similar injury

Name		Address		Phone No		
Name		Address		Phone No		

19.7 The Concurrent Claims Screen

Terms and Conditions ✓ Personal Details ✓ Employment ✓ Occurrence Detail ✓ Occurrence Report ✓ Medical ✓ Concurrent Claims ✓ Finalise ✓

Provide details of other sources of compensation you are claiming.

Concurrent Claims

Are you claiming compensation from any other source?

Yes

No

*

If so from whom?

19.8 The Finalise Screen

Terms and Conditions ✓ Personal Details ✓ Employment ✓ Occurrence Detail ✓ Occurrence Report ✓ Medical ✓ Concurrent Claims ✓ Finalise ✓

Declaration

I declare that each and every answer above and the particulars contained herein or annexed hereto relating to myself and the occurrence are true both in substance and in fact to the best of my knowledge and belief. I take notice that under the Workers Compensation and Injury Management Act 2023, I am required to notify my employer or insurer within 7 days if I commence paid work with another employer after making a claim, or while receiving income compensation.

Consent

IMPORTANT: Failure to provide your consent may delay a decision by the insurer on your claim.

I authorise any doctor who treats me to discuss my medical condition, in relation to my claim for workers compensation and return to work options, with my employer and with their insurer. I consent to my employer's insurer and its appointed service providers collecting personal information, inclusive of sensitive information such as medical information about me and using it for the purpose of assessing and managing my workers compensation claim, including determining liability and whether my claim is true. This consent extends to my employer's insurer disclosing my personal information, inclusive of sensitive information, to other insurers, medical practitioners, workplace rehabilitation providers, investigators, legal practitioners and other experts or consultants for the purpose of assessing and managing my claim. My personal information, inclusive of sensitive information, may also be disclosed as required or permitted by law. I also consent to my employer's insurer disclosing my personal details to WorkCover WA which is authorised to use this information to fulfil its functions and obligations under the Workers Compensation and Injury Management Act 2023. I have read all the information on this form regarding the consent authority and I consent to the Insurer dealing with my personal information in the manner described.

Claim Attachments

Attach and upload relevant documents to your claim (e.g. Workers Compensation First Certificate of Capacity, Witness Statement Form or Incident Form).
A First Certificate of Capacity must be provided to your employer so they can submit your claim. It has multiple pages and all pages need to be provided. If you attach and upload a first certificate of capacity which only contains the first page, attach and upload the other pages separately by selecting attachment type first certificate of capacity.

Select attachment type

Choose files

No file chosen

Upload

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

On sending to your Employer, you will be provided a PDF version of this claim form via email. You may preview your claim by downloading the PDF below.
If you need to make any changes, you may do so by navigating back to the relevant section.

Once you Send to Employer, no further changes can be made to your claim form.

Preview PDF

Save Progress

Back

Send to Employer

The workers declaration is mandatory but the consent is not. The following message appears:

IMPORTANT: Failure to provide your consent may delay a decision by the insurer on your claim.

In the Claim Attachments section the following message appears:

Attach and upload relevant documents to your claim (e.g. Workers Compensation First Certificate of Capacity, Witness Statement Form or Incident Form).
A First Certificate of Capacity must be provided to your employer so they can submit your claim. It has multiple pages and all pages need to be provided. If you attach and upload a first certificate of capacity which only contains the first page, attach and upload the other pages separately by selecting attachment type first certificate of capacity.

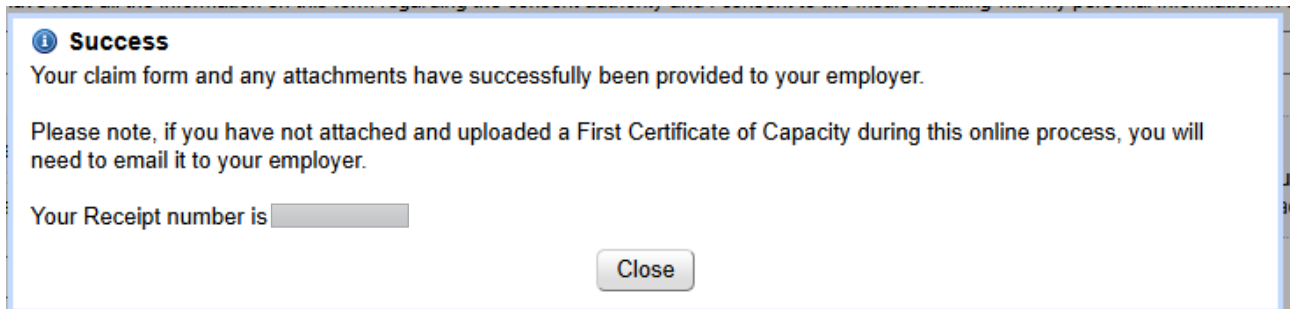
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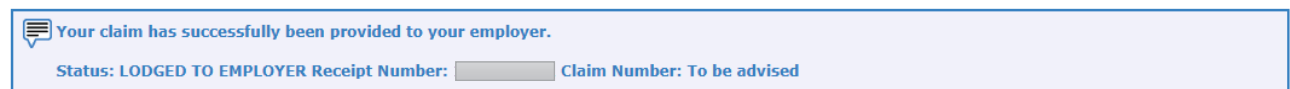
- A worker may have handed the first certificate of capacity to their manager before completing the online claim form. They do not need to attach and upload it to the online claim form.
- The first certificate of capacity must be attached to the online Employers Report Form for the claim to be submitted.

19.9 Messages to Worker After Claim is Sent to Employer

When the worker clicks 'Send to Employer', there will be a message that says 'loading', followed by:

A screenshot of a success message box. It has a blue header with an information icon and the word "Success". The text inside says: "Your claim form and any attachments have successfully been provided to your employer." Below this, it says: "Please note, if you have not attached and uploaded a First Certificate of Capacity during this online process, you will need to email it to your employer." Then it says: "Your Receipt number is" followed by a grey rectangular box. At the bottom right is a "Close" button.

After clicking Close, the following message will appear on screen:

A screenshot of a status message box. It has a blue header with a speech bubble icon and the text: "Your claim has successfully been provided to your employer." Below this, it says: "Status: LODGED TO EMPLOYER Receipt Number:" followed by a grey rectangular box, and "Claim Number: To be advised".

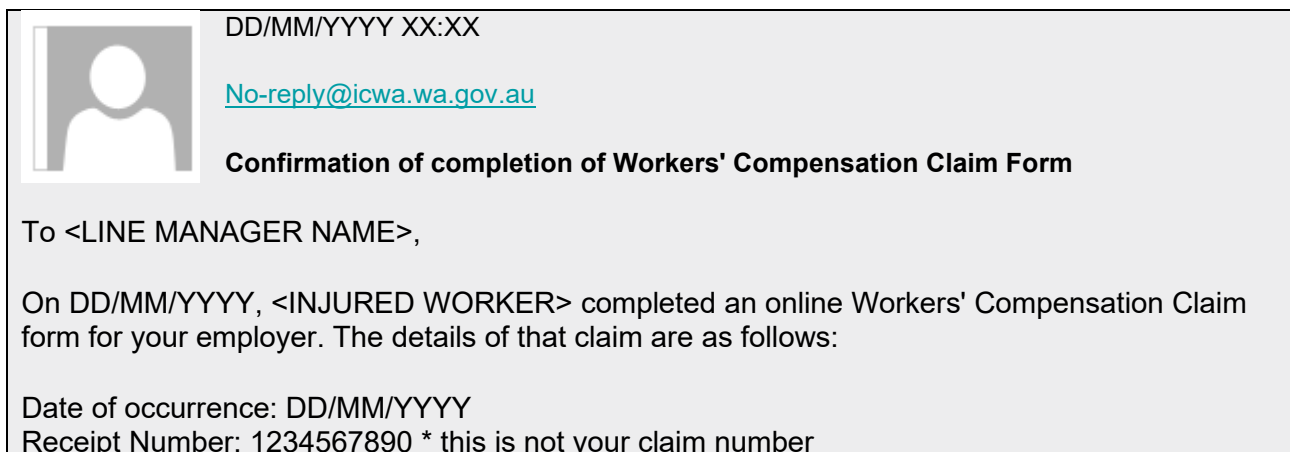
The status may be:

- Lodged to Employer, if a first certificate of capacity was attached and uploaded to the online claim form, or
- Claim Form Completed, if a first certificate of capacity was attached and uploaded to the online claim form.

The worker will receive an email notifying them the claim has been sent to their employer.

19.10 Messages to Line Manager After Claim is Sent to Employer

The worker will receive an email notifying them the claim has been submitted to us.

A screenshot of an email confirmation template. It has a grey header with a placeholder for a profile picture (a grey circle with a white person icon) and the text: "DD/MM/YYYY XX:XX" and "[No-reply@icwa.wa.gov.au](\"mailto:No-reply@icwa.wa.gov.au\")". Below this is the subject line: "Confirmation of completion of Workers' Compensation Claim Form". The body of the email starts with "To <LINE MANAGER NAME>," followed by "On DD/MM/YYYY, <INJURED WORKER> completed an online Workers' Compensation Claim form for your employer. The details of that claim are as follows:". Then it says: "Date of occurrence: DD/MM/YYYY" and "Receipt Number: 1234567890 * this is not your claim number".

Employer: <AGENCY NAME>

Status: CLAIM FORM COMPLETED / LODGED TO EMPLOYER

You are now required to review the claim, attach relevant documentation, complete the Employer Report form and submit to Head Office.

The Workers Compensation Claim form is attached to this email.

You can access the Employers Report Form <HYPERLINK>. You can also return to the form from this link at a later date if required.

You will be notified when the claim has been submitted to the Insurance Commission of WA and a claim number will be provided.

Thank you.

Note: This mailbox is not monitored, do not reply.

19.11 Message to Worker After Agency has Submitted the Claim

The worker will receive an email notifying them the claim has been submitted to us.

20. Technical Requirements

20.1 Firewalls

Some agency users are not able to access eClaims because your agency has set up firewalls on its server. Contact your IT Department to allow you to access eClaims.

20.2 Web Browser

Google Chrome is the preferred browser for operating eClaims.

20.2.1 Clearing Caches and Cookies

When you use a browser like Google Chrome it saves some information from websites in its cache and cookies.

We recommend you clear cache and cookies in your browser regularly. Clearing caches and cookies in your browser fixes certain problems, like loading or formatting issues on sites. Clearing caches and cookies also means usernames and passwords are no longer auto-filled. Although this may be an inconvenience, it will mean eClaims functions optimally.

Here are instructions on how to clear caches and cookies for several web browsers:

Google Chrome

- Open Chrome.
- At the top right, click More.

- Click More tools. Clear browsing data.
- At the top, choose a time range. To delete everything, select All time.
- Next to "Cookies and other site data" and "Cached images and files," check the boxes.
- Click Clear data.

Microsoft Edge

- At the top right, select Settings and More (...)
- Select Settings
- Select Privacy, Search and Services
- Under Delete Browsing Data, next to Clear Browsing Data Now select Choose What to Clear
- Select Cookies and Other Site Data and Cached Images and Files.
- Select Clear Now.

20.2.2 Disabling autofill

When entering fields on the online Employer Report Form, some agency users have reported that fields auto-fill with data they had previously entered on another submitted claim. At times the changes were evident to the agency user at the time of entering data in a field, and at other times they became aware only after they submitted the claim.

The reason it occurs is because autofill of addresses has been enabled on the web browser settings of the agency user. The issue will be resolved when it is disabled.

Here are instructions on how to disable autofill of addresses for several web browser:

Google Chrome

1. Click the three-dots menu icon in the top right corner.
2. Select Settings.
3. Select Autofill and passwords from the left-hand menu.
4. Select Addresses and more
5. Disable Save and fill addresses.

Microsoft Edge

1. Click the three-dots menu icon in the top right corner.
2. Select Settings.
3. Select Passwords and autofill
4. Select Personal info
5. Disable Save and autofill personal info.

If you are using a different browser the steps are similar. If you need assistance, please contact rcsysadmin@icwa.wa.gov.au.

If your browser is managed by your organisation, you will not be able to disable autofill of addresses. You will need to contact your IT Department and request they disable it for you.



**Insurance Commission
of Western Australia**