



**Insurance Commission  
of Western Australia**

# **eClaims User Guide**

## **For Workers Compensation Claims**

Version 1.1 (Updated 30/06/2025)

**[icwa.wa.gov.au](https://icwa.wa.gov.au)**

# Table of Contents

<b>1.</b>	<b>About eClaims.....</b>	<b>4</b>
1.1	Overview.....	4
1.2	The User Guide .....	4
1.3	Version .....	4
<b>2.</b>	<b>Submitting Claims .....</b>	<b>4</b>
2.1	A Lodged Claim .....	4
2.2	Submitting a Claim.....	5
2.2.1	Claim Submission Methods.....	5
2.2.2	Sections on the Employers Report Form that Managers Complete .....	6
<b>3.</b>	<b>Access .....</b>	<b>8</b>
3.1	Setting up multiple agency access .....	8
3.2	Setting Up Access for Other Users from your Agency .....	9
3.3	Setting Up a Shared Email Address for Agency Users .....	9
3.4	Setting up Sections on the Employers Report Form that Managers Complete.....	9
<b>4.</b>	<b>Logging In.....</b>	<b>9</b>
4.1	Manage Password .....	10
4.2	Accessing the Workers Compensation Claim Class .....	10
<b>5.</b>	<b>Initiate Worker Claim.....</b>	<b>11</b>
5.1	Worker Will Receive a Link to the Online Claim Form .....	13
5.2	Worker Completes the Online Claim Form .....	14
5.3	Line Manager is Notified of Completion of the Online Claim Form .....	15
5.3.1.1	Agency User is Notified of Completion of an Online Claim Form.....	16
5.3.2	Agency User Completes the Online Employers Report Form .....	17
5.3.2.1	Worker is Notified of the Submitted Claim .....	17
5.3.2.2	The Line Manager is Notified of the Submitted Claim.....	18
5.3.3	Initiating an Artificial Aids Claim .....	19
<b>6.</b>	<b>List Worker Claims .....</b>	<b>19</b>
6.1	Delete a Worker Claim .....	20
<b>7.</b>	<b>Query Worker Claim .....</b>	<b>21</b>
<b>8.</b>	<b>Submit Claim .....</b>	<b>22</b>
<b>9.</b>	<b>The Employers Report Form .....</b>	<b>25</b>
9.1.1	Signs that an Employers Report Form is yet to be Submitted .....	25
9.1.2	Signs that an Employers Report Form has been Submitted.....	25
9.2	Completing the Employers Report Form .....	25
9.2.1	Signs you have Successfully Submitted an Employers Report Form.....	27
9.2.2	Signs you have not Successfully Submitted an Employers Report Form .....	28
9.3	Emails Generated Following Successful Submission .....	28
9.4	Submitting Additional Documents Following a Claim Submission .....	28
9.5	Save Employers Report Form.....	28
9.6	Save or Print a Completed Employers Report Form .....	29

<b>10.</b>	<b>Submit Recurrence Claim.....</b>	<b>29</b>
<b>11.</b>	<b>Sending Documents on an Existing Claim.....</b>	<b>32</b>
<b>12.</b>	<b>Query Claim.....</b>	<b>32</b>
<b>13.</b>	<b>List Submitted Claims.....</b>	<b>32</b>
<b>14.</b>	<b>Attach and Upload Documents.....</b>	<b>34</b>
	14.1.1 Attaching Documents to an Initiated Claim.....	34
	14.1.2 Attaching Documents to an Employers Report Form.....	34
	14.2 Viewing a Document.....	35
<b>15.</b>	<b>Viewing Claim Estimates.....</b>	<b>36</b>
<b>16.</b>	<b>Viewing Claim Payments.....</b>	<b>37</b>
<b>17.</b>	<b>Accessing Agency Reports.....</b>	<b>38</b>
<b>18.</b>	<b>Accessing Agency Cover Documents.....</b>	<b>39</b>
<b>19.</b>	<b>The Online Claim Form.....</b>	<b>40</b>
	19.1 The Terms and Conditions Screen.....	40
	19.2 The Personal Details Screen.....	42
	19.3 The Employment Screen.....	44
	19.4 The Occurrence Detail Screen.....	44
	19.5 The Occurrence Report Screen.....	46
	19.6 The Medical Screen.....	46
	19.7 The Concurrent Claims Screen.....	47
	19.8 The Finalise Screen.....	47
	19.9 Messages to Worker After Claim is Sent to Employer.....	48
	19.10 Messages to Line Manager After Claim is Sent to Employer.....	48
	19.11 Message to Worker After Agency has Submitted the Claim.....	49
<b>20.</b>	<b>Technical Requirements.....</b>	<b>49</b>
	20.1 Firewalls.....	49
	20.2 Web Browser.....	49

# 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

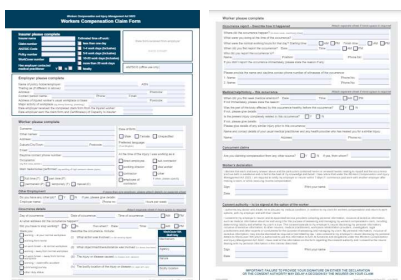
User Guide Version 1.1 was updated on 30/06/2025.

# 2. Submitting Claims

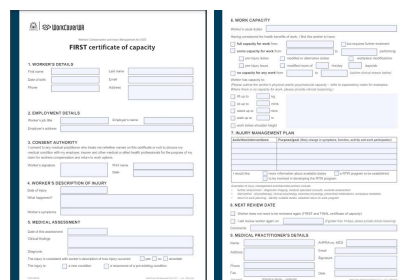
Before we explain how to access and login to eClaims and utilise its features, it is important for you to understand how claims are submitted.

## 2.1 A Lodged Claim

A worker has lodged a claim when they have provided a completed workers compensation claim form and a first certificate of capacity (issued by a treating medical practitioner) to their employer.

A screenshot of a 'Workers Compensation Claim Form' with a blue header. The form contains various sections for personal details, employment information, and a description of the injury. It includes checkboxes for 'I am a new claimant' and 'I am an existing claimant'. The form is filled out with text and dates.

Workers compensation claim form  
(completed by the worker)

A screenshot of a 'FIRST certificate of capacity' form with a blue header. It includes sections for '1. WORKER DETAILS', '2. EMPLOYMENT DETAILS', '3. INJURY DETAILS', '4. WORKER'S DESCRIPTION OF INJURY', '5. MEDICAL ASSESSMENT', and '6. MEDICAL PRACTITIONER'S DETAILS'. The form is filled out with text and dates.

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

A worker can complete a claim form online or a paper 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. To submit claims using eClaims an agency user must complete an online Employers Report Form.

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 claim 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 claim 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.
--------------	--

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:

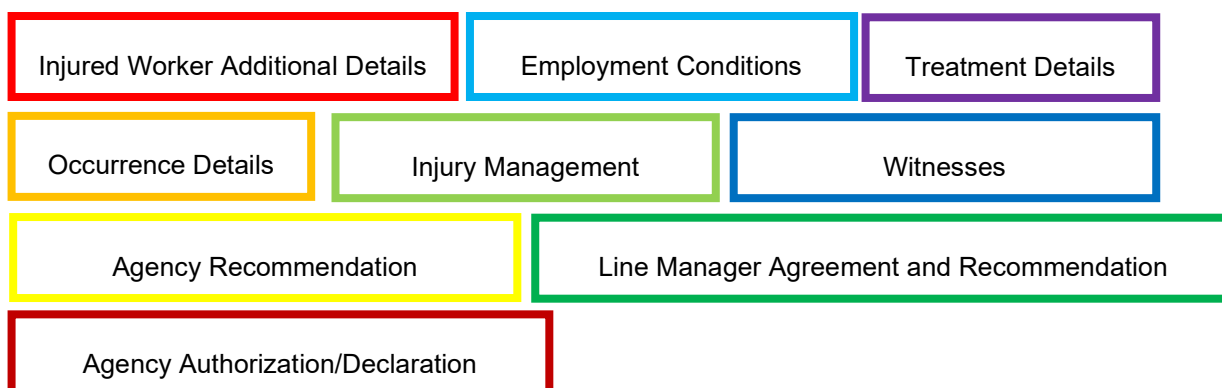
Submission Method	Worker accesses online claim form independently	Worker completes claim form online	Employer completes Employers Report Form online	Emails are generated	There is a 'Safety Net'	Worker is aware of the status of their claim	Worker is notified of the claim number via email
The Devolved 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. A daily report is generated for the workers compensation claims team 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.

## 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.

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:  (Minimum (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:

Restored Part Time Days/Hours

TW	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours

TW/HPD:

Other Occ:

**Treatment Details**

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

Who administered first aid?

Time spent administering First Aid:  (Minimum (24h)) \*

Name of Doctor injured worker visited:  \*

Date and time of first doctor visit:  (Minimum (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:  (Minimum (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 with a help icon and text: "If there was a witness, please attach a witness statement form for each witness". Below this are three input fields: "Surname", "Given Names", and "Phone No", each followed by a red 'X' icon. An "Add Witness" button is positioned below the "Given Names" field.
- 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 "Comments" text area is at the bottom, with a "255 characters remaining" indicator.
- 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 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](mailto: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 changed name or amalgamated with another agency in recent years, 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](mailto: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.

## 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](mailto: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 your agency up for the Devolved Model you will need to decide which sections on the 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.

**Client Login**

• Please do not upload password protected documents.

Login ID:

Password:

**New User?**  
For a new account, please contact your Agency's Client Relationship Advisor or [clients@icwa.wa.gov.au](mailto:clients@icwa.wa.gov.au) if you are unsure of who to contact.

**Need help logging in?**  
If you are experiencing problems logging into the System (forgotten Password/Login ID), please contact us:  
Phone: (08) 9264 3666  
Email: [rcsysadmin@icwa.wa.gov.au](mailto:rcsysadmin@icwa.wa.gov.au)

## 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 a web interface for the Insurance Commission of WA. At the top, there is a header bar with the text "Insurance Commission of WA". Below this, there is a dropdown menu with the placeholder text "Select Claim Class..". The dropdown menu is open, showing three options: "Select Claim Class..", "Motor Claim", and "Workers Compensation". The "Workers Compensation" option is highlighted in blue. Below the dropdown menu, there is a button labeled "Agency Cover Documents" with a blue icon of three horizontal lines.

The following options will appear:

**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

**Related Links**

≡

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](#) (e.g. damaged spectacles);
- 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);

- 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 # [REDACTED]

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 use the receipt number to [Query a Worker Claim](#).

- 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](mailto: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

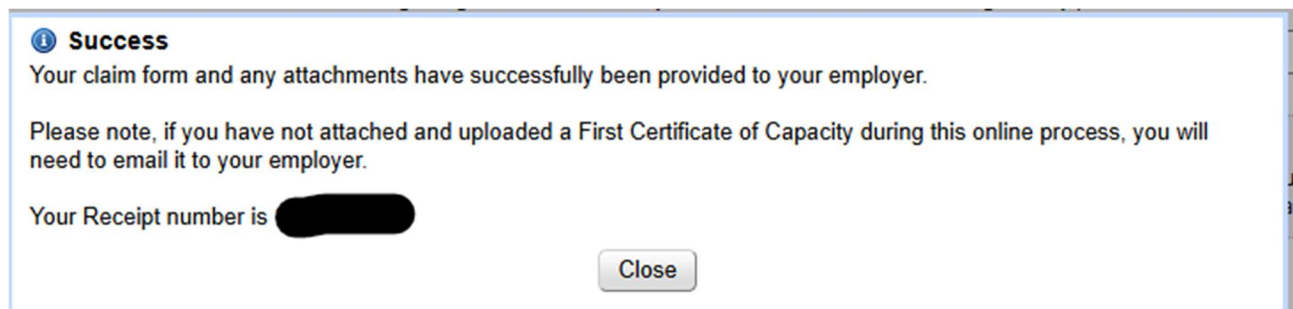
A copy of this email is not sent to you or the agency shared mailbox. You may want to contact the worker to confirm they received it.

If the worker advises they didn't receive it, ask them to check their work/personal email inboxes or junk mailbox. Otherwise, start over by initiating a new claim.

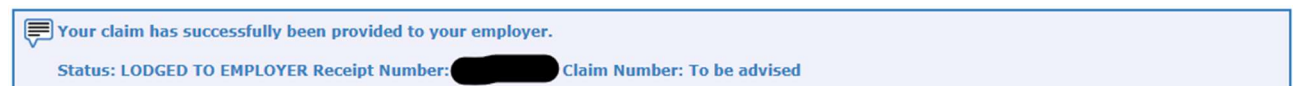
## 5.2 Worker Completes the Online Claim Form

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

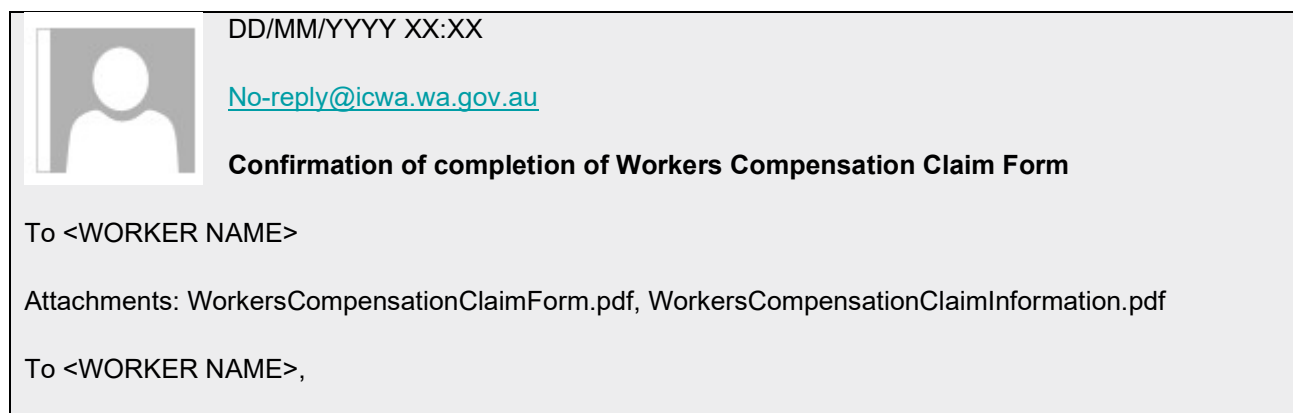
After the worker has completed the online claim form and clicked Send to Employer, the following message will pop-up on their screen:



The following message will appear on their screen:



The worker will receive the following email:



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](mailto: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.

- When the Initiate Claim function is used, line managers can view a PDF of the claim form and any other documents the worker attaches and uploads. They cannot view or enter any information on the Employers Report Form.
- The email to the line manager is different when the Devolved Model is used.

### 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](mailto: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 Manager's 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?

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/No Decision'.

**Claim Status**  
Claim Number  Claim Status  Receipt Number

- 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](mailto: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/](http://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](mailto: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.

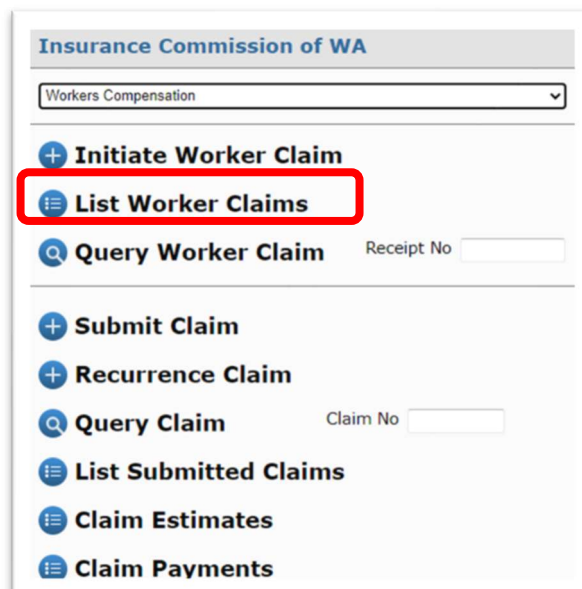
You can use this list to:

- 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;



- 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	
8604261824	Child & Adolescent Community Health	Wachs-MIDWEST	Lodged to Employer	Furball, Fritz	A12345	22/06/2017	01/04/2014	22/06/2017	Delete
5264640222	Department of Education	South Metro	Manually Entered Claim Form	Jetta, Lewis	123456789123		31/05/2016		Delete
3228017844	Child & Adolescent Community Health	WACHS Midwest	Lodged to Employer	Furball, Denise	A12345	26/06/2017	01/04/2016	26/06/2017	Delete

Click on a 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:

Receipt Number

8007286099

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;

<div>Search Fields</div> <div> <div>Receipt Number:</div> <div>Workers' Surname:</div> <div>Workers' Given Name(s):</div> </div> <div> <div>Filter By:</div> <div> <input type="checkbox"/> Claim Form Created <input type="checkbox"/> Claim Form In Progress <input type="checkbox"/> Claim Form Completed <input type="checkbox"/> Lodged to Employer <input type="checkbox"/> Manually Entered Claim Form </div> <div>Search</div> </div>									
Receipt Number	Agency	Site	Status	Worker	Employee Number	Date Initiated	Date of Accident	Date 2B completed	
8604261924	Child & Adolescent Community Health	Wachs-MIDWEST	Lodged to Employer	Furbal, Fritz	A12345	22/06/2017	01/04/2014	22/06/2017	Delete
5284640222	Department of Education	South Metro	Manually Entered Claim Form	Jetta, Lewis	123456789123		31/05/2016		Delete
3228017844	Child & Adolescent Community Health	WACHS Midwest	Lodged to Employer	Furbal, Denise	A12345	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 1250657585. 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 portal. At the top, there is a dropdown menu set to 'Workers Compensation'. Below this, a list of options is displayed: '+ Initiate Worker Claim', '≡ List Worker Claims', '🔍 Query Worker Claim' (highlighted with a red box), '+ Submit Claim', '+ Recurrence Claim', '🔍 Query Claim' (with a 'Claim No' input field), '≡ List Submitted Claims', '≡ Claim Estimates', and '≡ Claim Payments'. The 'Query Worker Claim' option is the third item in the list and is enclosed in a red rectangular border.

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;

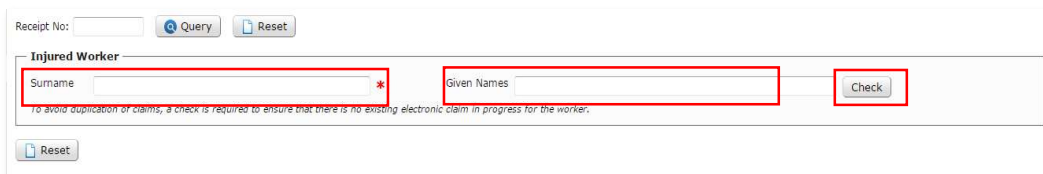


Insurance Commission of WA

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

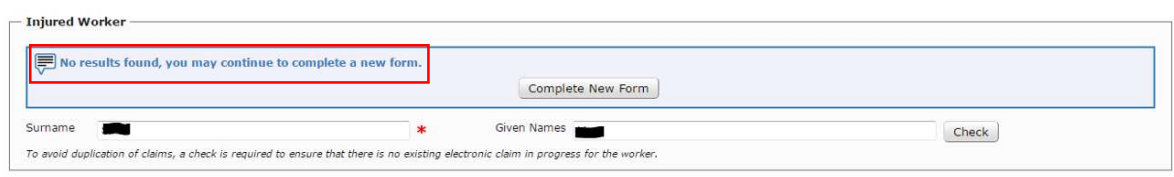
Surname  \* Given Names  Check

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 previously submitted claims.

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



Injured Worker

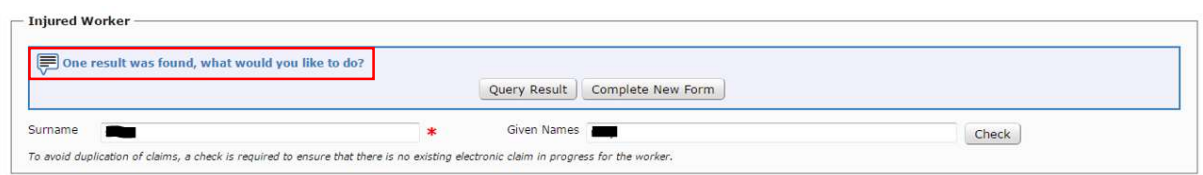
No results found, you may continue to complete a new form. Complete New Form

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:

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.

Search Fields									
Receipt Number:		Workers' Surname:		Workers' Given Name(s):					
Filter By:	<input type="checkbox"/> Manually Entered Claim Form <input type="checkbox"/> Claim Form Created <input type="checkbox"/> Claim Form In Progress <input type="checkbox"/> Claim Form Completed <input type="checkbox"/> Lodged to Employer					<input type="button" value="Search"/>			
Receipt Number	Agency	Site	Status	Worker	Employee Number	Date Initiated	Date of Accident	Date 28 Completed	
<u>9843472846</u>			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.

9843472846

To complete a new search:

- Select Reset;

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

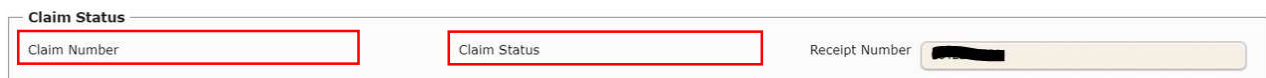


## 9. The Employers Report Form

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:

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.

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.

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.				

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

**Submit** Save Reset

### 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:  Query Update Reset Print

(0004) Add successful

**Claim Status**

Claim Number: 14/16517 Claim Status: Being Added/Unknown Receipt Number: 8295062786

- 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

Emails are generated to notify the [worker](#) and the [line manager](#) of the submitted claim.

## 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. You will need to email the documents to us instead.

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.

Receipt Number  Query Submit **Save** Reset

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

Receipt No:  Query Submit Save Reset Print

Employer Report Form created for manual entry. Receipt # 8007286099

**Claim Status**

Claim Number: Claim Status: Receipt Number: 8007286099

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

Receipt No:

**Update Successful**

**Claim Status**

Claim Number:  Claim Status:  Receipt Number:

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;

Claim Number:

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;

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 Recurrence Claim;

Search Fields

Claim Number:

Recurrence Date:

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: 14/16480 Recurrence Date: 15/05/2015 Query Submit Save Reset

*Date required for new and previous occurrences*

**Agency Details**

Agency: Osborne Park Hospital Major Activity: sdfsd

**Claim / Worker Details**

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

**Claim Documents**

Select attachment type Choose file No file chosen Upload

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

1-1 of 0

**The Incident**

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

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

Recurrence has been submitted

**Search Fields**

Claim Number: 14/16480 Recurrence Date: 15/05/2015 Update Reset Print

*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: 14/16480 Recurrence Date: 15/05/2015 Query Submit Save Reset

*Date required for new and previous occurrences*

**Agency Details**

Agency: Osborne Park Hospital Major Activity: sdfsd

**Claim / Worker Details**

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


## 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, what to include in the subject line and what should be included in 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), 'List Submitted Claims', 'Claim Estimates', and 'Claim Payments'. The 'Query Claim' item is highlighted with a red rectangular border.

- 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
		14/16433	xcvxcvxcv, xcvxcvxcv		26/06/2014	27/06/2017		Being Added	No Decision
		14/16464	waefwg, dgasdg		26/06/2014	28/06/2017		Being Added	No Decision
		14/16435	sdfsdf, sdfsdfsdf		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**

14/16433

## 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.

Documents for Worker

Email Attachment

Choose file No file chosen

Upload

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

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

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	<a href="#">WorkersCompensationClaimForm.pdf</a>	31/10/2024	WORKER	
First Certificate of Capacity	<a href="#">[Redacted]</a>	31/10/2024	WORKER	
Progress Medical Certificate	<a href="#">[Redacted]</a>	31/10/2024	WORKER	
Accounts	<a href="#">[Redacted]</a>	31/10/2024	WORKER	
Progress Medical Certificate	<a href="#">[Redacted]</a>	31/10/2024	doe4	✗
Accounts	<a href="#">[Redacted]</a>	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.

## 14.2 Viewing a Document

To view an uploaded and attached download:

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

**Claim Documents**

Workers' Compensation Claim Form  No file chosen

Select other attachment type  No file chosen

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

1-4 of 4

- 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:

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

**Search Fields**

Claim Number:

---

**Claim Estimate Details**

Accident Date and Time:  Time:

Claimant:

Claim Status:

Liability Decision:

Reviewed:

Reviewed (Common Law):

---

**Cost Details**

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

## 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**

**Q Query Worker Claim** Receipt No

---

**+ Submit Claim**

**+ Recurrence Claim**

**Q 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	00015127 04008541 89
3	Mohan (Dr)	02/11/2010	02/11/2010	\$61.06	\$61.06	Cheque Retired	17/11/2010	00 00/11/10
2	Mohan (Dr)	15/10/2010	15/10/2010	\$61.06	\$61.06	Cheque Retired	17/11/2010	11 15/12/10
1	Mohan (Dr)	12/10/2010	12/10/2010	\$61.06	\$61.06	Cheque Retired	17/11/2010	00 12/12/10

To view a specific payment:

- Select the payment reference hyperlink.

Payment Reference

[00015127 04008541 89](#)

A service item payments screen will appear:

Payment Details

Claim Number:  Payment Number:  Payee:

Payment Status:  Status Date:  Payment Reference:

Payment Type	Service from Date	Service to Date	Amount Paid	Invoked 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;

Government of Western Australia | Insurance Commission of Western Australia

Main Menu | Logout (fprpt7)

ADDITIONAL INFORMATION

WELCOME TO THE INSURANCE COMMISSION OF WA FOXPRO REPLACE PROJ (TEST)

Insurance Commission of WA

Select Claim Class...

Select Claim Class...

Motor Claim

Property Claim

Workers Compensation

Agency Reports

Agency Cover Documents

- Select your Agency and the Report Period;

Search Fields

Agency: [Dropdown]

Report Period: [Dropdown]

- Select Performance Report or RTW Report.

Search Fields

Agency: Burswood Park Board

Report Period: 30/06/2016

Performance Reports

Performance Report

OSH and Injury Management Reports

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 website interface. At the top, there are logos for the Government of Western Australia and the Insurance Commission of Western Australia. A navigation bar includes 'Main Menu' and 'Logout (fprpt7)'. Below the logos, a blue banner reads 'WELCOME TO THE INSURANCE COMMISSION OF WA FOXPRO REPLACE PROJ (TEST)'. The main content area features a sidebar with the title 'Insurance Commission of WA'. It contains a dropdown menu for 'Select Claim Class...' with options: 'Motor Claim', 'Property Claim', and 'Workers Compensation'. Below this, there are two links: 'Agency Reports' and 'Agency Cover Documents', which is highlighted with a red rectangular box.

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

The screenshot displays the 'Agency Cover Documents' page. On the left, under the heading 'Agency Cover Documents', there is a list of documents with links to view them as PDFs: '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', 'Roval Perth Hospital Certificate of Cover', and 'WACHS - Midwest Certificate of Cover'. On the right, under the heading 'Related Documents', there are two links: '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.





Insurance Commission  
of Western Australia

ADDITIONAL INFORMATION FORMS

## 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 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: WA Country Health Service

### 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

☐ I have read and agree to the terms and conditions of use

Back

Next

In this example, the worker may work at Bunbury Regional Hospital but the online form says their employer is WA Country Health Service. 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

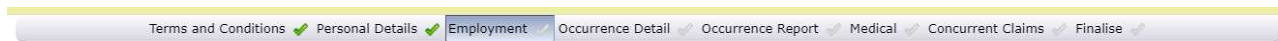
Additional information includes workers compensation claims information (based on the information sheets on the paper version of the claim form) and frequently asked questions.

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  \* Email Address  \*

Given Names  \* Confirm Email Address  \*

Gender  \* **Residential Address**

Date of Birth Day  / Month  / Year  \* Street 1  \*

Daytime Contact Phone No  \* Street 2

Preferred Language (if not English)  ⓘ State  Western Australia \* ⓘ

Preferred Contact Method:

**Line Manager Details**

Surname  \* Email Address  \*

Given Names  \* Confirm Email Address  \*

Phone Number

ⓘ 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

Back Next

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:

 Claim successfully created. To retrieve the claim, click on the link provided in the email. Receipt # 7153790829

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:

	<p>DD/MM/YYYY XX:XX</p> <p><a href="mailto:No-reply@icwa.wa.gov.au">No-reply@icwa.wa.gov.au</a></p> <p><b>Workers Compensation Claim Form</b></p>
<p>To &lt;WORKER NAME&gt;,</p> <p>On DD/MM/YYYY, you commenced an online Workers Compensation Claim form.</p> <p>Employer: &lt;AGENCY NAME&gt; Status: CLAIM FORM CREATED</p> <p>You can return to this form by clicking here &lt;HYPERLINK&gt;.</p> <p>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.</p> <p>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.</p> <p>Thank you.</p> <p>Note: This mailbox is not monitored, do not reply.</p>	

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

*1* 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  \*

Sub

- 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'.

SUBIACO, 6008  \* **?**

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'.

Subiaco  \*

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

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.*

Add Witness

## 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?  \*

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  \*

Add Medical Practitioner



## 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.

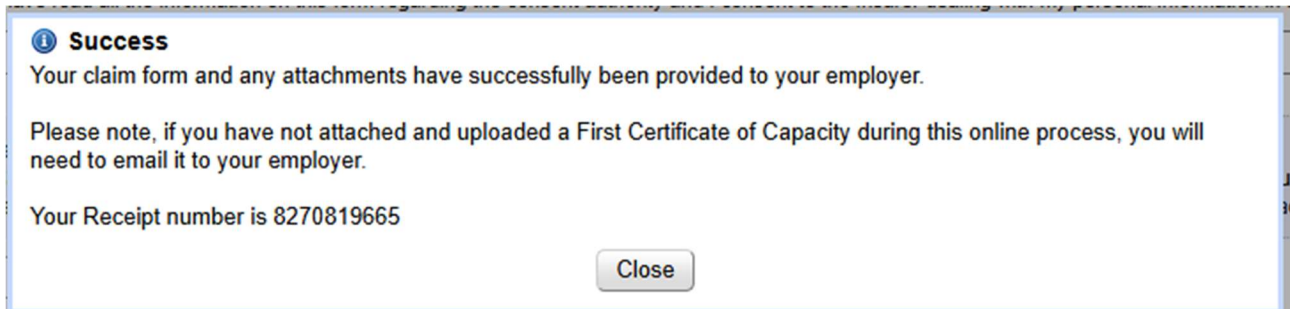
eClaims User Guide

47

- 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:



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



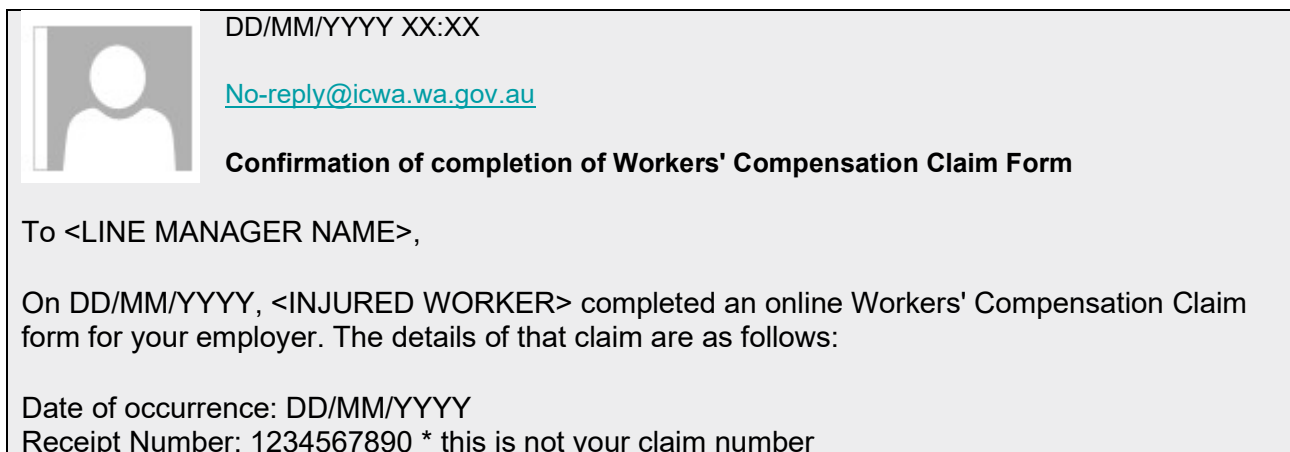
The status may be:

- 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.





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. When you use a browser like 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.

#### How to clear cache and cookies in 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.

### **How to clear cache and cookies in 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.



**Insurance Commission  
of Western Australia**