



EXCESS OF LOSS WORKERS COMPENSATION

Important Notice

We will contact you as soon as possible about your claim. We will review the claim and seek clarification or further information before providing a response. Please retain copies of any evidence in regards to the claim for compensation.

We may appoint an investigator or contact you for more information. Do not accept any offers of settlement without first contacting Liberty.

Need more information about claims?

If you need more information about how your claim will be handled, please contact your local Liberty office. Liberty Specialty Markets (Liberty) is committed to achieving the highest level of client service and satisfaction. If you are dissatisfied with the way in which your claim is handled or the service that you receive, please tell us. To ensure that we can respond to your concerns, Liberty has established an internal Claims Dispute Resolution Process by which we strive to resolve any client complaints in a fair, open and timely manner.

Inadequate space to answer

If there is inadequate space to answer any of the questions or make any comment, or you need to disclose something to us because of your Duty of Disclosure, please attach a separate sheet to this form giving full details of additional information.

Please return your completed form, along with accompanying documents, to AWC@libertyglobalgroup.com

1. POLICY SUMMARY

Reinsured name (as per policy)

Policy number

Employer name and address

Self-insurance State/jurisdiction (relating to this injury)

2. CLAIM SUMMARY

Injured workers full name

Date of birth

Claim details

Claim number

Date of injury

Description

Other claims history

Claim number

Date of injury

Description

Dependants

Yes

No

If yes, please provide name and DOB of each dependent

Name

Date of Birth

3. EMPLOYMENT DETAILS

Date employment commenced

Position at time of injury?

Pre-injury average weekly earnings breakdown:Base
\$Shift allowance
\$Overtime
\$Other (e.g. makeup pay)
\$**4. INJURY SUMMARY**

Please provide a description of the injury and the circumstances that led to the injury

Has liability for the injury been accepted?

Yes

No

Please provide a brief explanation of the basis for your decision

Summary of current claim status

Details of known past and subsequent injuries or illnesses

Current medical status including ongoing treatment

What is the strategy for claims management and resolution?

Please detail recovery prospects and actions taken to date

5. LITIGATION SUMMARY

Is the claim now, or has it previously been in dispute and/or litigated?

Yes

No

Please detail

Has a mediation or hearing date been set?
If yes, please advise the date(s)

Yes No

What is the status of the proceedings?

6. COST OF CLAIM

Total Paid
\$

Estimate Outstanding
\$

Total Gross incurred
\$

Recoveries
\$

Please advise the date on which the claim reached 50% of the Self-Insured Retention

7. ESTIMATE BREAKDOWN

Please detail the basis upon which your total incurred has been calculated, including a breakdown of how the estimate outstanding has been calculated. If claim costs have reached 50% of the SIR, please also confirm the average quarterly spend.

8. ATTACHED DOCUMENTS

Please attach to this summary the following claims documentation:

- Claim forms (original and any subsequent claims i.e. PI, Common Law)
- Initial and most recent medical certificates
- Factual investigation reports
- Legal advice
- Hospital discharge summaries or post-operative reports
- Medico legal reports
- Recent rehabilitation reports
- Excel spreadsheet of all payments made including payee, date of payment, type of payment (e.g weekly compensation, medical expense) value of payment (Gross, GST and Net)

Prepared by

Signature

Date

9. DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to Liberty using the information I have provided on this form for the purpose of processing the relevant claim. I understand that if I choose not to provide the required details, this is my choice, however, Liberty may not be able to process the claim.

I consent to Liberty disclosing information relevant to my claim to other insurers, an insurance reference service or as required by law. I consent to Liberty also disclosing the relevant claim information to and/or collecting additional information about the claim, from investigators or legal advisers.

Signature of insured or person with authority to sign for and on behalf of a company or partnership

Signature

Date

Privacy Notice

Liberty Specialty Markets is a trading name of Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**). It is a member of Boston-based Liberty Mutual Group. Liberty Australia's head office contact details are:

Address: Locked Bag 18, Royal Exchange NSW 1225, Australia
Phone: +61 2 8298 5800

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