Coal Mines Insurance

Worker's Injury Claim Form (M form)

This form is to be forwarded to your employer

PERSONAL DETAILS

Title: _____ Surname: _____ Given names: _____

Date of birth: _____ Gender: Male ◯ Female ◯

Home address: _____ Post code: _____

Postal address: _____ Post code: _____

Home phone number: _____ Mobile phone number: _____

EMPLOYMENT DETAILS

Name of employer: _____

Name of mine/establishment where injury occurred: _____

Occupation: _____ Year commenced in the NSW coal mining industry: _____

INJURY DETAILS

Date of injury: _____ Time of injury: _____ am ◯ pm ◯

Date injury reported: _____ Time injury reported: _____ am ◯ pm ◯

To whom was the injury reported: _____ Position: _____

Time shift commenced on day of injury: _____ am ◯ pm ◯

Did you cease work as a result of injury? Yes ◯ No ◯ If yes, date and time work ceased: _____ am ◯ pm ◯

Part of body injured (e.g. left upper arm, lower back): _____

Nature of injury (e.g. fracture, sprain): _____

Was the body part injured normal prior to this incident? Yes ◯ No ◯

If no, please give details: _____

Name of your treating doctor: _____ SIRA Certificate attached? Yes ◯ No ◯

DETAILS OF INJURY – *For journey injuries, a separate "journey accident" claim form must be completed in addition to this claim form*

Explain in detail how the injury occurred and the task being carried out at the time:

Place where you were when the injury occurred: _____

Name of tool or machine being used at the time of injury: _____

Were there any witnesses to the incident? Yes ◯ No ◯

If yes, please provide witnesses names and contact details:

PREVIOUS INJURIES

Have you previously suffered any similar injuries or conditions? Yes ◯ No ◯

If yes, please give details:

Date of injury(s): _____ Was this a work-related injury? Yes ◯ No ◯

If yes, please provide name of employer: _____

ADDITIONAL CURRENT EMPLOYMENT

Do you have any additional current employers? Yes ◯ No ◯

If yes, please provide name of employer: _____ Address:

Do you own your own business or are you self-employed? Yes ◯ No ◯

If yes, please provide name of business: _____ Address:

DEPENDANTS

Full and accurate information regarding dependants is required. The persons listed must be totally or mainly dependent on the claimant for support. If dependants receive no income write "NIL".

Surname	Given names	Relationship to claimant	Date of birth	Weekly income	Employers name

INJURED WORKER'S DECLARATION

I declare that the particulars are true and correct, that I have not withheld any information, and that the injuries I have received were caused in the manner stated above, and in no other way whatsoever.

I consent to CMI and its appointed service providers collecting using and disclosing my personal information in accordance with its privacy policy and in particular collecting personal information about me and using it for the purpose of assessing and managing my worker's compensation claim, including determining liability and whether my claim is true.

I consent to CMI disclosing my personal information to medical practitioners, rehabilitation providers, legal practitioners and other experts or consultants for the purposes of assessing and managing my claim. I also consent to CMI disclosing my personal details to SIRA (State Insurance Regulatory Authority) which is authorised to use this information to fulfil its functions under the NSW workers' compensation legislation.

I understand that while I am in receipt of weekly compensation benefits, I am required to notify CMI at once if any of the following occur:

1. I commence employment with another employer.
2. I commence my own business.
3. There is any change in my employment that affects my earnings.
4. Any of the abovementioned dependants cease to be dependent upon me.
5. If I change my address.

I acknowledge my obligation under Section 57 of the Workers' Compensation Act 1987.

I understand that if any information I have given is untrue, that my claims may be denied and that I may be prosecuted. Note: a photocopy of this authority shall be valid as original

Signature of injured worker: _____ Date: _____

Date received by employer: _____

Privacy Statement: Information of opinions on this form that could reasonably identify you to another person are considered to be 'personal Information' under the privacy legislation. CMI will only use or disclose your personal information for purposes that would reasonably be expected during the claim process, e.g. sharing your information with other service providers, medical practitioners involved in your claim. CMI will seek your permission before using your personal information for any other purposes. If you would like any further information in relation to CMI's privacy policy or if you have any concerns about how CMI is managing your personal information, please contact our office on (02) 8270 3200.

Coal Mines Insurance

Tax file number and bank account details form

Surname: _____

Given names: _____

Date of Birth: _____

Employer: _____

Tax file number – Please complete if applicable

To enable Coal Mines Insurance to apply the correct tax rate to your weekly benefits, we require you to provide your tax file number (TFN).

The Australian Tax Office requires that all weekly benefit payments be taxed at the highest marginal rate of tax plus the Medicare levy when a TFN has not been provided, this is currently set at 46.5%.

Your weekly compensation benefits will be taxed at 46.5% the highest marginal rate if you do not provide your TFN.

Tax file number: _____

Bank account details – Please complete if applicable

Please provide details of your bank account so that payment of any compensation entitlements can be directly deposited.

Payments will only be paid into an account in your name or an account you hold in joint names.

Name of Bank, Building Society or Credit Union: _____

Branch: _____

Account held in name(s) of: _____

BSB no: _____ - _____ Account no: _____

Signed: _____ Date: _____

Privacy Statement: The personal information collected in this 'Tax file number and bank accounts details form' will remain confidential and will only be used for the purpose for which it was compiled and in accordance with privacy legislation. If you would like any further information in relation to CMI's Privacy Policy or if you have any concerns about how CMI is managing your personal information, please contact our office on (02) 8270 3200.