## QBE INSURANCE (AUSTRALIA) LIMITED



Canberra Branch
Tel: (02) 6240 3434
Fax: (02) 6249 8633

## QBE Connect First Report of Injury

(For External Use)

To From		Facsimile	Claim Number	Claim Number (Office Use Only)  E-mail	
		Telephone	E-mail		
Darwin Branch Tel: (08) 8982 3877 Fax: (08) 8941 1510	Hobart Branch Tel: (03) 6237 3866 Fax: (03) 6237 3955	Launceston Branch Tel: (03) 6332 0799 Fax: (03) 6334 2151	Bunbury Branch Tel: (08) 9721 9200 Fax: (08) 9721 2390	Perth Branch Tel: (08) 9213 6100 Fax: (08) 9213 6199	

Please return this QBE Connect First Report Form to your QBE Workers' Compensation Branch as soon as possible. If you have any supporting documentation, please attach it to this form.

Norker's Details		
Surname		
iven Names		
	Male Female	
elephone	Mobile	
occupation	The worker is a: Direct Employee Working Director Subcontractor	
	The worker to all Driest Employees and the state of the s	
ow did the injury occur (eg. lifting machinery)?		
Describe the worker's injury or condition (eg. strained right knee)		
Employer's Details		
usiness Name		
44		
Address	Douboods	
Contact Person	Postcode Telephone	
ontact i of son	Totophone	
ax	Mobile	
s the injured worker currently off work? Yes No If "no", date return	ned / / Are alternative duties avaliable? Yes No	
las employer made contact with injured worker? Yes No		
Doctor's Details (if known)		
	Tilledon	
reating Doctor/Hospital	Telephone	
Notifiers's Details		
	Palating his based on a second of	
erson making notification	Relationship to worker or employer	
	_] [	
Signature	Date / /	