

INSURANCE DETAILS

Please complete all relevant details to the best of your ability. For insurance cover you must have a claim number, usually this can be found on a medical certificate or referral, and a point of contact (usually your case manager).

Type of cover:

- Work Cover Compulsory Third Party Other:.....

Insurance Company Details:

Claim #: _____ Date of Injury: _____ Insurer: _____

Case Manager: _____ Phone: _____ Fax: _____

Address: _____ Suburb: _____ Post Code: _____

Email: _____

Best Contact: Email Phone Fax Other: _____

Work Details:

Occupation: _____ Employer: _____

Address: _____ Suburb: _____ Post Code: _____

Phone: _____ Fax: _____

Email: _____

Solicitor:

Solicitor's Name: _____ Phone: _____ Fax: _____

This practice is committed to complying with the *Privacy Act 1998* and the *Australian Privacy Principles 2014*. Please refer to our **Privacy Policy**, attached to the clipboard, for further details. By signing this form, you consent to the sharing of relevant information regarding your case, as outlined by the privacy policy.

Name:

Sign:

Date: