

**ACCS**Accident Compensation
Conciliation Service

Request for Conciliation

Office use

Ref no

Section

of act

99

14/14500

Please read the back of this form before completing this page.

Person requesting conciliation

Worker ☒ Other (Please provide details) ☐

Worker details

Title

Mr

Given name

Siva

Family name

Reddy

Address

3 Tarwin Place
Cranbourne East

Postcode 3917

Male

Female

Date of birth



23/11/69

Home Phone

Mobile Phone

0430 866 234

Work Phone

Email siva.reddy136@gmail.com

Do you need an interpreter? Interpreters are arranged by the ACCS

Yes ☐No ☒

If Yes, what language and/or dialect?

Have you arranged for your union or another person to assist you at conciliation?

Yes ☒No ☐

Organisation

Zaparas Lawyers

Telephone no

9563 4077

Name of Person

Mary Martin

Claim details

Name of WorkSafe agent/self-insurer

Gallagher Bassett

Claim number

21130058689

Employer details

Business name

Paccar Australia Pty Ltd

Employer contact person

Address

Telephone no

Fax no

Dispute details

1. Are you objecting to a decision made by the WorkSafe agent/self-insurer? ☒ Yes (Go to 2) ☐ No (Go to 5)

2. What is the date of the decision? 11/9/14

3. Confirm that you have attached a copy of the decision and WorkSafe agent/self-insurer reasons for decision ☒ (Please Tick)4. If 60 days have passed since you received the decision notice, confirm that you have provided reasons for the late application ☐ (Please Tick)

5. Why do you want conciliation?

(Attach another piece of paper if you need more space.)

The Ketamine Infusion is a reasonable medical and
like expense.