

6 Is a claim being made with any of the following:

- a) Workers' Compensation
b) Social Security (Centrelink)
c) Third Party Insurance
d) Any other insurance policy or Government department?

No ☐

Yes ☒ Please provide details below

Weekly amount (before tax)

\$ 48.74 Fortnightly

Name and Address of Payer

Department of Human
Services, Centrelink

Postcode

Reference No.

321298798V

Weekly amount (before tax)

\$

Name and Address of Payer

Postcode

Reference No.

Weekly amount (before tax)

\$

Name and Address of Payer

Postcode

Reference No.

7 Do you have any other source of income?

No ☒

Yes ☐ Please provide details below

Weekly amount (before tax)

\$

Name and Address of Payer

Postcode

8 Are you still completely unable to work?

No ☐

Yes ☒ Please provide details below

a) Which of your normal duties are you unable to perform?

b) Which of your normal duties are you able to perform?

9 Have you, since the completion of your previous claim form, carried out any work, whether paid or unpaid.

No ☒

Yes ☐ Please provide details below

10 When do you anticipate being able to return to any form of work?

Full Time

Part Time

Not Sure

11 What treatment are you currently receiving?

Type of treatment

Medication/Physio/Hydro

Name and address of Provider

Park Avenue Medical Centre
3-7, Kingdom Drive
Cranbourne Postcode 3977