



Australian Government  
Seafarers Safety, Rehabilitation  
and Compensation Authority

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# Claim Update Report

*Seafarers Rehabilitation and Compensation Act 1992*

Please use this form to provide the details of each active claim and each claim finalised (including through rejection or withdrawal) in the last six months as at the end of June and December of each year.

The completed forms should be returned to the Seacare Authority, GPO Box 9905, Canberra ACT 2601.

This Report was approved by the Seacare Authority in March 2001 pursuant to section 106(1) and (2) of the Seafarers Rehabilitation and Compensation Act.

**This sheet MUST be inserted beneath each page set as you complete the form.**

## **Privacy Statement**

The authority to collect this information is provided by section 63 of the Seafarers Act. Personal information collected on this form is provided to the Seacare Authority which maintains a database of Seacare workers' compensation statistics, and in some cases to the Seacare Authority as the manager of Seafarer Safety Net Fund established under section 96 or section 100 of the Seafarers Act. The Seacare Authority is required to comply with the applicable principles of the *Privacy Act 1988*.

Personal information collected on this form can also be provided in certain circumstances to the employer's workers' compensation insurance company, an approved (rehabilitation) program provider, courts and tribunals, and government agencies such as Centerlink, the Department of Employment and Workplace Relations, Comcare and the Australian Safety and Compensation Council. In other circumstances personal information on this form can be disclosed without your consent where authorised or required by law.



# Claim Update Report

*Seafarers Rehabilitation and Compensation Act 1992*

## **Employer Details**

- 1 Company Name: \_\_\_\_\_
- 2 Contact Officer: \_\_\_\_\_

## **Employee Details**

- 3 Last Name: \_\_\_\_\_
- 4 First Name: \_\_\_\_\_
- 5 Date of Birth: \_\_\_\_\_
- 6 At the time of the injury/illness what was the claimant's:
- a. Rank/Rating \_\_\_\_\_
- b. Normal on-duty weekly hours \_\_\_\_\_
- c. Normal weekly earnings (as defined in s13 of the Seafarers Act) \_\_\_\_\_

## **Claim Details**

- 7 Date of injury/illness: \_\_\_\_\_
- 8 Date company received claim: \_\_\_\_\_
- 9 Claim Status (Accepted / Rejected / Pending): \_\_\_\_\_
- 10 Date Incident Report sent to AMSA (where relevant): \_\_\_\_\_
- 11 Date claim was determined: \_\_\_\_\_
- 12 Claim lodged with insurer (Yes/No): \_\_\_\_\_
- a. If yes, on what date: \_\_\_\_\_
- 13 Date eligible weekly incapacity payments start: \_\_\_\_\_
- 14 Is this claim being disputed? (Yes / No)

If yes please provide the following information on the dispute process:

Process	Date request Lodged	Date finalised
Reconsideration		
AAT Review		
Court proceeding		

**Status of Rehabilitation if injury resulted in impairment or incapacity for work and lasted 28 days or more**

- 15 Date of assessment of capacity to undergo rehabilitation: \_\_\_\_\_
- 16 Was the employee assessed as being capable of undertaking a rehabilitation program? (Yes / No) \_\_\_\_\_
- 17 Name of rehabilitation provider appointed to the case: \_\_\_\_\_
- 18 Rehabilitation program start date: \_\_\_\_\_
- 19 Rehabilitation program end date: \_\_\_\_\_

**Return to Work Details**

- 20 Date employee first returned to work: \_\_\_\_\_
- 21 Date employee ceased work (after initial return to work): \_\_\_\_\_
- 22 Date employee recommenced work: \_\_\_\_\_
- 23 Nature of duties on return to work (please select one option in (a) (b) (c) & (d))
- a. Ship / Land \_\_\_\_\_
  - b. Same or equivalent position / Other position \_\_\_\_\_
  - c. Full duties / Light duties \_\_\_\_\_
  - d. Full time / Part time \_\_\_\_\_

**Finalised Claim**

- 24 Has the claim been finalised so that no further payments will be made? (Yes / No)
- 25 If YES, please select reason from list provided:
- Return to work
  - Resignation of employee
  - Retirement of employee
  - Permanent impairment claim finalised
  - Death claim finalised
  - Claim withdrawn by employee
  - Claim rejected without dispute
  - Settlement without AAT involvement
  - Settlement with AAT involvement
  - Court proceedings, including common law damages, finalised
  - Other - Specify \_\_\_\_\_
- 26 Date eligible weekly incapacity payments end: \_\_\_\_\_
- 27 Estimated total on-duty work hours lost for which compensation has been paid (hours / minutes) \_\_\_\_\_

**Schedule of Payments**

- 28 Please complete the table of payments on the following page in respect of all payments made in relation to the injured employee's claim, regardless of the year of expenditure. (Note: you will need to update this schedule every six months.)

## SCHEDULE OF PAYMENTS\*

Payment Type	Expenditure last recorded by Seacare	Expenditure to 30 June 20__ or 31 December 20__
<i>Direct Compensation Payments</i>		
Weekly incapacity payments		
Permanent impairment		
Non-economic loss		
Death		
Prescribed Child		
Redemption		
Common Law		
<i>Payments for Goods and Services</i>		
Ambulance services		
Accommodation expenses		
Attendance by a nurse		
Personal and household assistance		
Funeral expenses		
<i>Medical treatment</i>		
Acupuncturist		
Chemist		
Chiropodist/podiatrist		
Chiropractic services		
Dental		
Dietician		
Family counselling services		
Masseur		
Medical practitioner		
Naturopath		
Occupational therapist		
Optometrist		
Osteopathy		
Pathology		
Physiotherapy services		
Psychologist		
Radiology		
Remedial exercise		
Social worker		
Speech therapist		
Other (.....)		
<i>Hospital treatment</i>		
Private hospital		
Public hospital		
<i>Rehabilitation services</i>		
Occupational rehabilitation		
Retraining		
Job placement		
Wage subsidy payments		
<i>Aids and Appliances</i>		
Damaged artificial limbs etc		
Hearing aids		
Other aids and appliances		
Damaged clothing		
<i>Non-compensation Payments</i>		
Damages and common law		
Road accident rescue services		
Transport and maintenance		
Interpreter services		
Other services to worker		
Medical reports		
Investigation services		
Case management		
Legal costs to employer and insurer		
Other administrative costs		
<b>Total</b>		

\*Please exclude any payments which are subsequently recovered from employees.