

Australian Government

Seafarers Safety, Rehabilitation and Compensation Authority

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. Please provide your completed form at the end of June and December of each year.

The completed forms should be returned to:

Seacare Authority, GPO Box 9905, CANBERRA ACT 2601

Or may be emailed to: <u>seacare@comcare.gov.au</u>

Or sent by fax to: 02 6275 0067

This report was approved by the Seacare Authority in August 2010 pursuant to section 106(1) and (2) of the Seafarers Rehabilitation and Compensation Act 1992 (Seafarers Act).

Privacy Statement

Sections 105 and 106 of the Seafarers Act provide the authority to collect this information.

Personal information collected on this form is maintained on the Seacare Authority's claims database managed by Comcare.

The Seacare Authority will use the personal information you provide to compile statistics and conduct research into injury prevention, rehabilitation and return to work.

Personal information collected on this form may be disclosed in certain circumstances to the employer's workers' compensation insurance company, an approved (rehabilitation) program provider, courts and tribunals, the Seacare Authority and government agencies such as Centrelink, the Department of Education, Employment and Workplace Relations, Comcare and Safe Work Australia. Such organisations are required to comply with the applicable principles of the *Privacy Act 1988*.

Seacare ref:



Australian Government

Seafarers Safety, Rehabilitation and Compensation Authority

Claim Update Report

Seafarers Rehabilitation and Compensation Act 1992

Emplo	yer Details
1	Company Name:
2	Contact Officer:
<u>Emplo</u>	vyee 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)
<u>Claim</u>	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		

Seacare ref:

5	Date of assessment of capacity to undergo rehabilitation:	
	Was the employee assessed as being capable of undertaking a rehabilitation program? (Yes / No)	
7	Name of rehabilitation provider appointed to the case:	
5	Rehabilitation program start date:	
9	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	
	ed Claim	
24	Has the claim been finalised so that no further payments will be made? (Yes / No)	
	a. (If yes) Date finalised	
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	
	Date eligible weekly incapacity payments end:	

Schedule of Payments *

Please complete the table of payments below for all current payments made in relation to the injured employee's claim for the specified period.

Previously reported costs are provided for your information.

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

Design of Tamp	Total expenditure already	Expenditure - six month period					
Payment Type	reported to Seacare	/	1	to	1	1	
Payments to seafarer							
Weekly incapacity payments							
Prescribed child weekly payments							
Permanent impairment lump sum							
Non-economic loss lump sum							
Death benefit lump sum							
Redemption lump sum							
Common Law lump sum							
Medical treatment (see below inclusions)							
Medical Services							
Allied Health Services							
Hospital Services							
Aids and Appliances							
Personal and household services							
Medical Reports							
Other medical and related services							
Rehabilitation services							
Vocational rehabilitation services (excluding case management)							
Case management							
Legal Costs							
Legal costs on behalf of seafarer							
Legal costs on behalf of employer							
Other Claim Costs							
Fact investigation							
Funeral expenses							
Interpreter services							
Transport							
Other services to worker							
Other administrative costs							
TOTAL							

Medical services: Treatment rendered by registered medical practitioners including general practitioners, surgeons, medical specialists, psychiatrists, radiologists and dentists.

Allied health services: Costs related to the treatment of work-related injury/disease other than that provided by a registered medical practitioner (medical services). This includes treatment provided by chiropractors, physiotherapists, occupational therapists, psychologists, massage therapists and services by registered or enrolled nurses. It also includes ambulance and approved employee travel for medical services.

Hospital services: Costs related to public and private hospital visits, excluding those amounts which are identified on the account belonging to other categories.

Other medical and related services: Includes pharmaceuticals, medical and surgical supplies.