

# ACT Workers' Compensation Act 1951

## Summary to be displayed in the Workplace



### Early Notification of Injury

Notice of the injury should be given to the employer as soon as possible after the injury happened and before the worker has voluntarily left the employment in which the worker was at the time of the injury.

The notice may be given to the employer, or any person designated for the purpose by the employer or any person under whose supervision the worker is employed. Recording of details of the injury in the employers Register of Injuries is taken to be Notice of Injury.

If there is more than one employer, the notice must be given to the employer responsible for the workplace where the injury happened.

### Employer to Notify Insurer

The employer of an injured worker must notify the insurer within 48 hours after becoming aware that the worker has received a workplace injury.

The Injury Notice must state:

- (a) the name and address of the injured worker; and
- (b) the cause of the injury (in ordinary language); and
- (c) the date and time the injury happened; and
- (d) the name and address of the employer; and
- (e) the name and address of the nominated treating doctor or, if there is no treating doctor, a doctor who has treated the worker for the injury.

Notice may be given verbally, or in writing or in electronic form. However, if notice given verbally, the employer must give the notice in writing or in electronic form within 3 days after giving notice verbally.

### Claim for Compensation

If compensation is claimed for an injury:

- (1) The claim must be made within 3 years after the injury happened or after worker became aware of the injury;
- (2) A claim for weekly compensation must be accompanied by a medical certificate from a doctor in the approved form;
- (3) Failure to make a claim under this Act does not prevent the recovery of compensation if it is found that the failure was caused by ignorance, mistake or other reasonable cause.

Claim forms for compensation are available from the employer on request and free of charge.

### Worker's Right to Information

If a Territory worker, who is or has been employed by an employer, asks the employer for the name and address of the employer's approved insurer on a stated date, the employer must tell the worker the name and address of the approved insurer, or each approved insurer, who issued a compulsory insurance policy to the employer that was current on that date.

### Commencement of Weekly Payments

Weekly payments of compensation must begin when the worker gives notice of the injury to the employer, and the worker is entitled to weekly compensation from the date of injury.

### Compliance by Workers

A worker is not entitled to compensation for a period when the worker unreasonably:

- (a) does not comply with a requirement under a Personal Injury Plan; or
- (b) fails to take part in a vocational rehabilitation or return to work plan; or
- (c) fails to attend an assessment of employment prospects; or
- (d) fails to undertake suitable alternative duties.

### Employer to take Claims Action

An employer is guilty of an offence under the ACT Workers Compensation Act if the employer:

- Fails to keep a Register of Injuries;
- Fails to establish a Return to Work Program;
- Fails to comply with Insurer's Injury Management program;
- Fails to take part, or co-operate in, the establishment of an injured workers Personal Injury Plan;
- Fails to provide an injured worker or injured contract worker with suitable duties;
- Fails to forward any claim for compensation or other documentation to the insurer within 7 days of receipt;
- Fails within 7 days, to furnish an insurer with information requested of the employer and in the employers possession or is reasonably obtainable;
- Fails to pay immediately an amount of compensation received from the insurer to the person entitled.

#### Our Workers Compensation Insurer is

Allianz Australia Insurance Limited  
AFS Licence No. 2344708  
ABN 15 000 122 850

#### Report ALL injuries to First Report on:

1300 360 595

#### Forward all ACT claims to:

PO Box 262 Canberra ACT 2601

#### To contact Allianz:

Phone: 132 664

Fax: 1300 662 184