

Compensation payer's or insurer's details

- 8 Compensation payer's or insurer's Customer Reference Number (if known)

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Name of compensation payer or insurance company

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Postal address

Postcode

Claim officer's name

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Compensation payer or insurance claim number

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Phone number (including area code)

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Fax number (including area code)

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Email

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Compensation claim details

- 9 Date of injury/illness

																		(DD MM YYYY)
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or

Date of diagnosis (for example, injury/illness over a period of time)

																		(DD MM YYYY)
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- 10 Type of claim (indicate if more than one type of claim involved)

Worker's compensation ☐

Motor vehicle ☐

Medical negligence ☐

Public liability ☐

Other ☐ Give details below

- 11 Type of lump sum compensation payment

Consent agreement/settlement ☐

Verdict/Tribunal/Court Judgement ☐



Provide the fully signed settlement documentation or transcripts of heads of damages.

- 12 Are there any **other compensation payers or insurers** with this claim, for example, public liability or motor vehicle?

No ☐ Go to next question

Yes ☐ Give details below

Compensation payer's or insurer's name

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Claim number

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- 13 Is there more than one compensation claim being settled?

No ☐ Go to next question

Yes ☐ Give details below

Date of injury (DD MM YYYY)

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Claim number

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Section of Act

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Gross lump sum amount

\$	
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Provide the fully signed settlement documentation.

If there is more than one compensation claim being settled, provide a separate sheet with claim details.

- 14** Has the claimant received any other lump sum payments for these claims (for example, impairment payment or interim/advance payments)?

No ☐ **Go to next question**

Yes ☐ **Give details below**

Date of injury (DD MM YYYY)

Date of settlement (DD MM YYYY)

Claim number

Section of Act

Gross lump sum amount

 Provide the fully signed settlement documentation.

If there is more than one lump sum payment, provide a separate sheet with details.

- 15** Does the current settlement contain a component for economic loss (for example, loss of wages)?

Economic loss includes past and/or future economic loss.

No ☐

Yes ☐

- 16** Has the claimant received periodic payments for this claim?

No ☐ **Go to next question**

Yes ☐ **Go to 18**

- 17** When did the loss of earnings commence?

(DD MM YYYY)

Provide the reason if this date is different from the date of injury/illness

Go to 20

- 18** What is the date to which periodic payments were paid up to and including?

(DD MM YYYY)

for

date of injury (DD MM YYYY)

 Provide a copy of the payment history or there may be a delay in the processing of this request.

- 19** Are the periodic payments continuing until the settlement is released?

No ☐

Yes ☐

- 20** What is the total gross lump sum settlement amount

\$

What is the amount paid for 'costs'

\$

Tick one only

This is: inclusive ☐

exclusive ☐

of the gross lump sum amount.

Date of settlement (DD MM YYYY)

- 21** Will there be a payback or deductions of periodic payments from the gross lump sum amount?

No ☐ **Go to next question**

Yes ☐ **Give details below**

Tick one only

This is: inclusive ☐

exclusive ☐

of the gross lump sum amount.

What is the gross amount to be repaid

\$

Name of compensation payer or insurance company this will be paid to

Claim number

 Provide a copy of the payment schedule.

Privacy notice

22 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicesaustralia.gov.au/privacypolicy

Declaration

23 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- giving false or misleading information is a serious offence.

For or on behalf of

Compensation payer ☐

Plaintiff solicitor ☐

Signature



Printed name

Date (DD MM YYYY)

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Returning this form

- Check that you have answered all the questions.
- Provide all requested documentation.
- Check you have signed and dated this form.
- If payment details change, a new **Compensation advice of lump sum payments (SS446)** form will need to be completed.

Fax your completed form and supporting documents to **1300 788 118**.

To help us process this form **do not** provide a fax cover sheet.