



# FAQ'S | WORKERS COMPENSATION NSW NI

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# GENERAL QUESTIONS

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## WHAT IS THE RELATIONSHIP BETWEEN ICARE WORKERS INSURANCE AND GALLAGHER BASSETT?

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Gallagher Bassett (GB) is part of a new panel of six claims service providers (CSP) managing workers compensation claims under the Nominal Insurer (icare).

GB is aligned with icare's commitment to deliver a fair, respectful and empathetic experience in workers compensation.

## WHAT IS WORKERS COMPENSATION?

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Worker's compensation is a no-fault Government Scheme that provides financial and medical benefits to Workers who sustain a work-related injury or illness.

## WHO CAN MAKE A CLAIM?

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Most employees in NSW, including full-time, part-time and casual workers are eligible for Workers compensation through [icare](#).

### LODGING A NEW CLAIM

## HOW DO I REPORT A WORK PLACE INJURY?

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Workers and employers can report a workplace injury through the options below. You can view icare's [new claims – employer checklist](#)

### 1. Notify your employer

Employers have an obligation to record any work-related injuries in the register and notify their insurer within 5 business days or an excess will apply. The employer or the worker can lodge a claim. Please note that if it is a notifiable incident (see definition below) you must also contact SafeWork NSW immediately on 13 10 50.

### 2. Lodge via icare Online Portal

Employers and injured workers can report any work-related injuries through the central system managed by icare

- Phone: 13 77 22
- Online portal: [click here](#)

### 3. Notify Gallagher Bassett

If the employer holds a policy with Gallagher Bassett, you can notify us of the work place injury by calling us on the number below, or by downloading and completing the State Insurance Regulatory Authority's (SIRA) [workers injury claim form](#)

- Phone: 13 64 27
- Email: [gbsnewclaims@workerscomp.nsw.gov.au](mailto:gbsnewclaims@workerscomp.nsw.gov.au)
- Post: Locked Bag 2099  
North Ryde BC  
NSW 1670



# GENERAL QUESTIONS

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## WHAT IS A NOTIFIABLE INCIDENT?

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A 'notifiable incident' under the work health and safety legislation is when:

- A person dies
- A person has a serious injury or illness
- A potentially dangerous incident occurs

Significant penalties apply if you fail to notify SafeWork NSW of an incident. For more information on notifiable incidents, visit [SafeWork NSW](#).

## WHAT DOCUMENTATION DO I NEED TO LODGE A CLAIM?

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You can notify us of an injury without providing documents upon lodgement, however, the below are required as soon as possible and we may not be able to proceed without:

- **Certificate of capacity and any relevant medical information for the claimed injury**
- **52 weeks earning history (payslips)**

To avoid any delay, please view icare's checklist for lodgement of a Workers insurance claim [here](#)

## HOW LONG DO I HAVE TO LODGE A CLAIM?

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Employers should notify their claim service provider within 48 hours of becoming aware of a work-related injury of illness. An excess may be payable the employer does not notify their insurer within 5 calendar days of becoming aware of the injury.

## WHAT HAPPENS NEXT AFTER THE CLAIM HAS BEEN LODGED?

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Once a notification of injury is received, Gallagher Bassett will assign your claim to a case manager who will then contact the worker, employer and the nominated treating doctor to introduce themselves and discuss your workplace injury within 3 business days.

Our team will request for additional information if insufficient paperwork has been submitted.

## HOW LONG DOES IT TAKE TO MAKE A DECISION ON MY CLAIM?

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Gallagher Bassett will assess the claim and make an initial decision on liability within 7 days of receiving the notification of injury.

If insufficient information is provided by day 7, we may approve a limited period of weekly benefits (up to 12 weeks) and medical expenses while we gather further information to assess formal liability for the claim. Alternatively, GB may determine there is a reasonable excuse for not commencing weekly benefit payments at day 7 and instruct parties to provide additional information.





# GENERAL QUESTIONS

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## IF I DON'T AGREE WITH A DECISION MADE ON THE CLAIM, WHAT CAN I DO?

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Workers and Employers have the choice to apply for an internal review of a decision made by the insurer. Gallagher Bassett must respond within 14 days of receipt. Request to review forms will be attached to any outcome of decision issued.

To find out more about disputes, visit the State Insurance Regulatory (SIRA) [website](#)

### EXISTING CLAIMS

## HOW DO I UPDATE A CLAIM?

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If you have recently notified us that an injury has occurred and would like to provide more information or a claim reimbursement, you can do this by emailing us your supporting documents and following the format below

- Subject: [Claim number]
- Provide the injured person's full name
- Provide your full name (if different to above)
- Attach and clearly label documents
- Email to: [gbsclaims@workerscomp.nsw.gov.au](mailto:gbsclaims@workerscomp.nsw.gov.au)

## HOW DO I FIND MY CLAIM NUMBER?

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When your injury has been reported, you'll be given a claim number. This number also appears on all correspondence relating to your claim.

## I HAVE AN ISSUE WITH MY EMPLOYER/INJURED WORKER, WHAT CAN I DO?

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Contact your Case Manager for support. Depending on the issue, we may be able to directly support you and/or provide information on third party services which may be appropriate, such as a workplace rehabilitation provider.

## AS AN INJURED WORKER, HOW DO I OBTAIN A CERTIFICATE OF CAPACITY (COC)?

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A Certificate of Capacity (CoC) is given by your nominated treating doctor and is vital to the determination and ongoing management for your claim.

A CoC will ensure your recovery needs are communicated accurately to the rest of your support team, including your employer, your case manager and any other medical professionals treating you.

Your CoC will state what capacity you have for work and is an important document to ensure that your weekly benefits are paid correctly and timely.



# GENERAL QUESTIONS

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## AS AN INJURED WORKER, I HAVE A PREFERRED TREATMENT FOR MY INJURY, HOW DO I MAKE A REQUEST? (E.G PSYCHOLOGY, REHABILITATION SERVICE.)

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We can only approve treatment and care services that are defined in the Workers Compensation Act 1987 and Workplace Injury Management and Workers Compensation Act 1998 in relation to your workplace injury and that are reasonably necessary. It is important to seek approval from us before organising any services.

Your treatment request can be submitted directly on your behalf by your service providers (e.g Psychologist, Physiotherapist, GP, etc). You are also able to send the request to your Case Manager for review.

Request may take up to 21 Calendar days to review. We encourage you to send the treatment request as early as possible and/or contact your Case Manager if the request is urgent.

## WHO ARE YOUR REGISTERED PROVIDERS?

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- Workers must nominate a treating doctor. Workers can choose their treating health providers/doctors.
- Where GB has appointed a provider, we are required to use icare registered/panel providers
- GB has relationships, systems in place to ensure employers receive outcomes and values for money from services.
- Where an injured worker has a preferred provider, GB will work with you to accommodate this within above constraints but again with the objective of ensuring return to work objectives.

## WEEKLY PAYMENTS (PIAWE) AND ENTITLEMENTS

### WHAT IS PIAWE?

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Pre-Injury Average Weekly Earnings (PIAWE) refers to the workers average earnings prior to their work place injury. Your PIAWE will determine your weekly benefit amount for the injured workers compensation claim.

For more information, see icare's [PIAWE information sheet](#)



# GENERAL QUESTIONS

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## WHAT IS MY ENTITLEMENT TO WEEKLY PAYMENTS (WAGES)?

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If you are unable to work as a result of your injury, you may be entitled to weekly benefit payments. If the claim has been accepted by GB (either in full or on a provisional basis), payments will be paid upon provision of a current CoC, and compliance with your obligations under the scheme.

If your injury means you can't work for a period of time, you can be paid up to 95 percent of your pre-injury average weekly earnings (PIAWE) for the first 13 weeks, then after 13 weeks at a reduced rate of 80 percent if you are working under 15 hours per week. Your Case Manager will keep you informed verbally and in writing of your PIAWE entitlement, payee (whether direct to pre-injury employer or worker) and frequency of weekly benefit payments.

To avoid any payment delays, workers must provide their 52 weeks earning history in order for the PIAWE to be calculated.

It is important to note that the weekly payments do not include superannuation.

## HAVE YOU PROCESSED MY PAYMENT AND WHEN AM I GOING TO RECEIVE IT?

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Where there has been a loss of earnings leading to an entitlement to weekly payments, the insurer (GB) will commence provisional weekly payments within 7 days of being notified of the injury. In some circumstances, weekly benefits are not payable. Please consult with your case manager for more details.

- EFT details are a necessity for payments to be processed, please ensure you have completed this form correctly.
- Please allow 24 hours from processing for money to appear in the nominated bank account

