March 2019

Matter No:

/20

Response

Response to an Application for Mediation of a Work Injury Damages Claim

Tl-:- :-	41		f + -			application	£		- L -			-1-!
I DIE IE	TNA	annroved	torm to	resnona ti	า วท	anniication	TOT 1	nediation (OT 2	Work initiry	namanac	ciaim
1111313	uic	appiovou	TOTTI LC	, icopolia t	J an	application	1011	nculation v	JI 6	i woonk ningany	uailiagos	Cialiti

Claimant:	, ,
Defendant:	
Filed by:	
Date pre-filing defence served on claimant:	/ /
Is the Defendant declining to participate in mediation on the basis that liability in respect of the claim is wholly disputed?:	☐ Yes ☐ No

NOTICE TO PARTIES

The pre-filing defence and all associated information and documents must be attached to this application.

Notes:

- 1. The defendant is to lodge with the Commission a reply to an application for mediation within 21 days of registration of an application for mediation of a work injury damages claim (Rule 17.10(1) Workers Compensation Commission Rules 2011).
- 2. A reply must indicate whether or not the defendant will decline to participate in mediation on the basis that liability in respect of the claim is wholly disputed (Rule 17.10 (2) Workers Compensation Commission Rules 2011)

Please note that the information contained in the 'notes' to this form is provided as general information only and does not constitute legal advice. The relevant legislation provisions governing the workers compensation jurisdiction should be consulted before submitting this form to the Workers Compensation Commission.

PART 1 - Defendant Details

1.1 Defendant details Title: ☐Mr ☐Ms ☐Mrs ☐Miss ☐Dr Other Surname/Family name: Given name(s): Name of business/ organisation: Postal or DX address: Postcode: Email address: Phone number: 1.2 Insurer/scheme agent details Claim number: Name of insurer/scheme agent: Postal or DX address: Postcode: Contact Person: Email address: Phone number: 1.3 Defendant/insurer/scheme agent representative details Complete this section only if the defendant/insurer/scheme agent has a representative Firm or organisation: Postal or DX address: Postcode: Name of representative: **Email address:** Phone number: PART 2 - Signature _____ Date: / / Signature of claimant (or representative):

Lodgment Details

Hand delivery Level 20, 1 Oxford Street Darlinghurst NSW 2010

Postal address PO Box 594 Darlinghurst NSW 1300

Document exchange DX 11524 Sydney Downtown

Electronic lodgment registry@wcc.nsw.gov.au

Privacy of Personal Information

The privacy of personal information is important to the Workers Compensation Commission. The Commission collects personal information to register application forms and make decisions about disputes or claims. The NSW workers compensation laws permit the Commission to collect this information.

The Commission may give personal information to another person or agency (e.g. a doctor, a party, State Insurance Regulatory Authority) as required or authorised by law.

Decisions by the Commission will generally be published, including on the Internet, unless there are exceptional circumstances justifying the decision being withheld.

A person has a right to access their personal information and correct any inaccuracies.