



March 2019

/20

Response

☐ Yes ☐ No

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

Signature of claimant (or representative): _____ Date: / /

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.