

March 2019

Matter No:

/20

(Office use only)

Application

Application to Cure a Defective Pre-Filing Statement

This is the approved form to apply to the Workers Compensation Commission to resolve a dispute that the claimant's pre-filing statement is defective.

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Claimant:					
Defendant:					
Filed by:					
This application is fil	led by:				
☐ Claimant		☐ Claimant r	representative		
☐ Defendant		☐ Defendant	t representative		
NOTICE TO PARTIES					
 A defendant is not entitled to assert that a pre-filing statement served by the claimant is defective (by reason of incompleteness or otherwise) unless the defendant has notified the claimant, giving details of any alleged defects, within 7 days after the pre-filing statement is served by the claimant (s317(1) Workplace Injury Management and Workers Compensation Act 1998). A claimant who has been notified of a defective pre-filing statement must lodge with the Commission and serve on the defendant advice as to whether or not the claimant accepts that the pre-filing statement is defective and the detail and extent of the defect within 7 days of being notified (Rule 17.7(1) of the Workers Compensation Commission Rules 2011). The claimant may then lodge with the Commission and serve on the defendant a request that the dispute be referred to the Registrar for determination under Section 317(2) of the Act (Rule 17.7(2)). Please note that the information contained in this notice is provided as general information 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 – Partie sa Details					
1.1 Claimant details Title:	☐Mr ☐Ms ☐Mr	s	∏Other		
Surname/Family name:		Given name(s):			
Name of business/ organisation:		Given name(s).			
Postal or DX address:			Postcode:		
Email address:					
Phone number:					

1.2 Claimant representative details Firm or organisation: Postal or DX address: Postcode: Name of representative: Email address: Phone number: 1.3 Defendant details ☐Mr ☐Ms ☐Mrs ☐Miss ☐Dr ☐Other Title: Surname/Family name: Given name(s): Name of business/ organisation: Postal or DX address: Postcode: Email address: Phone number: 1.4 Defendant representative details Firm or organisation: Postal or DX address: Postcode: Name of representative: Email address: Phone number: Reference number (if applicable): Please attach details of further defendants and their representatives if necessary. PART 2 - Claim Details Details about the pre-filing statement

The pre-filing statement and all documentation served by the claimant must be attached.

Date pre-filing statement served by the claimant: / /

Date defendant notified the claimant of defects in the claimant's / /

pre-filing statement:

Attach a copy of the notification to the claimant.

State the reasons why you consider the claimant's pre-filing statement to be defective:				
State the action you believe would cure the defect:				
PART 3 - Signature				
		_ , , ,		
Signature of person lodging form: Date: / /				
(claimant, defendant or representative of				
claimant or defendant)				
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.

1300 368 018

Facsimile