Easy HR Pty Ltd
ABN 67 100 061 747

Trading as

Easy HR™

PO Box 1190
Lane Cove, NSW, 1595

Phone – 1300 667 331
Fax – 1300 667 048
http://www.easyhr.com.au

Employee's Name: .....
First Name Surname

Site/Branch location: .....
Site Name State

Phone Number: .....

Date Of Injury: .....

Brief Description of Injury details: .....

Manager Advised : .....
Who When How

Insurer Details: .....

Claim Number: .....

Immediately after becoming aware of the Incident

- Date Claim Forms Forwarded to Employee: .....
- Date Claim Forms Received from Employee: .....
- Date Claim Forms Forwarded to Insurer: .....
- Date acknowledgment received from insurer: .....

Details Of Claim Acceptance:

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Medical Certificate Information

Certificate Dates	Comments / Restrictions

Re-imbursement Information

Period Claimed	Amount claimed from Insurer	Amount Paid by insurer (Less excess for wages)