



Claim for Permanent Impairment and Non-Economic Loss and/or Related Aids

Seafarers Rehabilitation and Compensation Act 1992

Important Information

1. Please print firmly in block letters with a ball point, or other hard tip pen.
2. Answer all relevant questions.
3. In accordance with question 9 of Part 2, attach original medical certificates showing:
 - the diagnosis of your condition;
 - the relationship between the injury/illness and your employment;
 - the degree of permanent impairment as assessed under the Guide to the Assessment of the Degree of Permanent Impairment (the Approved Guide).

A copy of the Approved Guide may be obtained from the Seacare Authority website at www.seacare.gov.au or by contacting the Seacare Authority on (02) 6275 0070.

4. Once you have completed this form, sign it and lodge the original, pink and blue carbon copies with the Master of the Ship, or the employer from whom you are claiming. If the employer has gone out of business, lodge those copies with the Seacare Authority, GPO Box 9905, Canberra ACT 2601
You should retain a copy for your records.
5. You must also complete and lodge Seacare Form 03 (Claim for Workers' Compensation) at the same time this form is lodged.
6. It is important that all relevant information is provided to assist the prompt assessment of your claim. If there is insufficient space to answer any question, a separate sheet should be attached.
7. If you have any difficulty completing this form, your supervisor on board may be able to help you. Otherwise you should contact your employer, or your employer's representative in your home port, or your union delegate.
8. Note that there is a separate claim form if you wish to make a claim for other than permanent impairment or related aids.

The contents of this claim form and the requirements relating to medical certificates (see paragraph 3 of **Important Information** above) have been approved by the Seafarers Safety, Rehabilitation and Compensation Authority in accordance with sections 63(2)(a) and (b) of the *Seafarers Rehabilitation and Compensation Act 1992*.

It is an offence to provide false information in relation to a claim for compensation under the *Seafarers Rehabilitation and Compensation Act 1992*.

This sheet MUST be inserted beneath each page set as you complete the form.

Privacy Statement

Personal information on this form is collected to help your employer, and/or the employer's workers' compensation insurer, determine your eligibility for permanent impairment and non-economic loss and/or related aids. The authority to collect this information is provided by section 63 of the Seafarers Act.

Personal information collected about you on this form is provided to your employer and to the organisation which maintains a database of Seacare workers' compensation statistics, and in some cases to the company managing the Seafarer Safety Net Fund established under section 96 or section 100 of the Seafarers Act. Such organisations are required to comply with the applicable principles of the *Privacy Act 1988*.

Personal information collected about you on this form can also be provided in certain circumstances to the employer's workers' compensation insurance company, an approved (rehabilitation) program provider, courts and tribunals, the Seacare Authority and government agencies such as Centerlink, the Department of Employment and Workplace Relations, Comcare and the Australian Safety and Compensation Council. In other circumstances personal information on this form can be disclosed without your consent where authorised or required by law.



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Part 1 – Employee Information

- 1 Reg No.
- 2 Surname
- 3 Given names
- 4 Residential Address

 Postcode
- 5 Postal Address

 Postcode
- 6 Tel. Home
 ()
- 7 Home Port

Part 2 – Medical Details

- 1 Are you claiming compensation for permanent impairment and non-economic loss?
 Yes No
- 2 Are you claiming for a related aid (eg a hearing aid)?
 Yes No
- 3 If yes, what sort of aid?
- 4 What part, or parts, of the body are you claiming are affected by permanent impairment?
- 5 Were these parts of the body previously affected by any injury/condition?
 Yes No

- 6 If yes, give details
- 7 If you have already made for this injury/condition a claim for weekly payments and/or medical and like service expenses, give details
- 8 Does your treating doctor/surgeon consider the impairment is permanent and has stabilised?
 Yes No
- 9 Attach the original of a medical report from your treating doctor/surgeon providing full details of your condition and the degree of permanent impairment as assessed under the Approved Guide

Part 3 – Previous Claims

- 1 Have you previously received compensation benefits or a lump payment for a workers' compensation injury/condition?
 Yes No
- 2 If yes, give the name and address of the employer from whom the previous claim was made.

 Postcode
Telephone ()
- 3 Date the lump sum (if any) was received
- 4 Type of condition claimed for and level of impairment (attach details on separate page if there is insufficient space)

