COAL MINES INSURANCE PTY LIMITED
ACCIDENT/INCIDENT FORM

To be completed by employer/supervisor of injured worker

Incident Involving:
☐ 1. Injury, no lost-time
☐ 2. Injury, lost-time
☐ 3. Fatality

Name of employer …………………………………………………………………………………………… Policy No. ……………

Name of mine/establishment ………………………………………………….………… Location ………………………..…………..

Name of employee: Surname …………………………..………… Given names ……………………………………………..……..

Employee's home address: ………………………………………………………….…………………………..Post code …………..

Date of birth ……/……/………. male ☐ female ☐ Tax File No. …………..……………………………

Base rate of Pay $ ……….………………………….…Please state preferred language if not English……………………………

Award employee paid under if any? ………………………………………Date employment commenced ………………………

Occupation ……………………………………………………. Time employee began work on day of incident ………am/pm

Date/time of incident ……/……/……, … …… am/pm Day of week …………………… on duty at workplace ☐ on journey while on duty ☐ on journey to or from work ☐

Date/time incident reported ……/……/……, …..….am/pm To whom ……………………………………………………………………….. (name/position)

Did employee cease work before end of shift as result of injury: Yes ☐ No ☐ If yes, time …………am/pm

Nature of injury ……..

Part of body injured ……

Was treatment given at mine? Yes ☐ No ☐ If yes, by whom ……………………………………………………………….. (name/position)

Describe treatment given ………..

Describe how incident occurred (attach sketch if necessary) ………………………………………………………………………..

………

………

………

………

Shift details:- Shift on which incident occurred: day ☐ afternoon ☐ evening ☐ night ☐

Employee's shift basis: permanent ☐ rotating ☐ Was injured worker on overtime: Yes ☐ No ☐

Basis of employment: fulltime ☐ part time ☐ casual ☐ contract ☐ If contract state period…………………..

Hours employee worked in previous 7 calendar days:	Day	1	2	3	4	5	6	7	8
	Hours	☐	☐	☐	☐	☐	☐	☐	accident

If journey accident, indicate: on way to work ☐, on way home ☐, other journey ☐

If other journey, give details ………..

Time journey commenced …………..am/pm. Usual duration of journey …..….. hrs ………… mins

Type of transport used at time of accident ……………………………………………………………….……………………..

Do you have any concerns with the circumstances surrounding the journey? ………………………..…………………………..

Has employee been absent from work for one full day or more after the day on which he was injured? Yes ☐ No ☐

Where did employee go after accident? return to work ☐ home ☐ to doctor ☐
to hospital, discharged ☐ to hospital, admitted ☐

Name of hospital if admitted ………………..…………………………………… Was ambulance called? Yes ☐ No ☐

Employee's doctor ……..………………………………………………. Recurrence of previous injury: Yes ☐ No ☐

Name(s) of any other employee(s) injured in accident ………………………………..…………………………………

Name(s) and address(es) of witness(es) to accident …………………………………………….…………………………………

……..…………………………………
(In cases of serious injury, witness statements should be promptly forwarded to CMI)

State other relevant information which may have a bearing on liability or which may assist in prompt settlement of claim (any statement of information will be treated as confidential) …………………………………………………………………….…….………..

….……..…………………………

Attach copies of any written reports on the accident submitted to the Manager or to the NSW DEPARTMENT OF PRIMARY INDUSTRIES MINERAL RESOURCES. NO COMPENSATION PAYMENT IS TO BE MADE UNTIL THE AUTHORITY OF CMI HAS BEEN OBTAINED.

Declaration

I ……...
(print name and position)
declare that to the best of my knowledge and belief that the information provided herein is accurate.

Signature …………………………………………………… Date ……/……/……

Privacy Statement
Information or opinions of this form that could reasonably identify an individual to another person are considered to be "personal information" under privacy legislation introduced in December 2001. CMI will only use or disclose personal information for purposes that would reasonably be expected during the claim process, e.g. sharing information with other service providers, medical practitioners involved in this claim. If you would like any further information relating to CMI's privacy policy, or have any concerns about how CMI is managing personal information, please contact privacy officer by email pco@coalservices.com.au or telephone (02) 8270 3200.

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