



## SCHEME STATUS REPORT



March 2023

Data used in this report was extracted from WorkCover WA databases on 10 July 2023. Data reflects scheme activities that occurred prior to and including March 2023



Scheme status report: March 2023

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## Scheme status report

WorkCover WA is the government agency responsible for overseeing the workers' compensation and injury management scheme in Western Australia (WA).

**WA operates a privately underwritten workers' compensation scheme, where private insurance agencies are approved by WorkCover WA to provide workers' compensation insurance to WA employers. Additionally WorkCover WA also exempts large employers, who have the material and financial resources to cover their own liabilities from any workplace injuries that may occur, from having to obtain workers' compensation insurance from an approved insurer. Exempt employers are commonly referred to as self-insurers. During the period referenced in this report, there were, eight approved insurers and 23 self-insurers operating within the WA workers' compensation scheme.**

Data from the Insurance Commission of Western Australia (ICWA) is also included in this report. ICWA manages workers' compensation arrangements for WA government agencies. Although not an approved insurer within the WA workers' compensation scheme, ICWA is considered to be more appropriately grouped with approved insurers rather than self-insurers.

The Scheme Status Report is produced on a quarterly basis to measure trends and variations in relation to key elements of the WA workers' compensation scheme including:



CLAIM  
NUMBERS



CLAIM  
PAYMENTS



ESTIMATED  
COSTS



CLAIM  
MANAGEMENT



DISPUTES AND  
SETTLEMENTS

The report is presented in two sections:

1. Key indicators: a high level overview that summarises long and short term trend changes for key elements within the WA workers' compensation scheme.
2. Approved insurer and self-insurer comparison: detailed information for approved insurers and self-insurers in relation to claim numbers, payments, estimated costs, claim management and settlements. This supplements information presented in Section 1.



Notes for the reader:

### Different reporting timeframes for two indicators: lost-time and estimated claim costs

- Lost-time claim indicators (p.7) allow for lost-time estimates to mature and therefore are only reported up to the Sep (Q1) 2022/23 quarter (lag of two financial quarters).
- Claims data used in the report is derived from data supplied by insurers and exempt employers in accordance with the Q2 specification which can be found on WorkCover WA's website at [workcover.wa.gov.au](http://workcover.wa.gov.au).



## CLAIM NUMBERS p. 6



Total claims lodged

**7,079**

+4.4% change from previous quarter



Incidence rate

**1.09**

+4.8% change from previous quarter



Active claims

**25,935**

+0.3% change from previous quarter

## CLAIM PAYMENTS p. 8-10



Total payments

**\$305m**

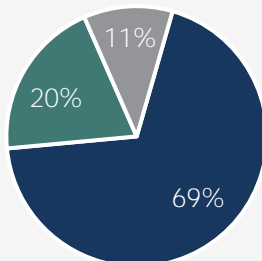
-3.4% change from previous quarter



Average finalised payment

**\$42,203**

-2.9% change from previous quarter



- Direct compensation
- Treatment services
- Legal & other services

## CLAIM MANAGEMENT p. 12



Median lost-time claim duration

**6.9 months**

-2.8% change from previous quarter



**91%**

Insurer liability decision made within legislative timeframes

## DISPUTES p. 13



Dispute applications

**600 disputes**

+1.5% change from previous quarter



Disputation rate

**4.8 disputes**

per 100 active claims

## SETTLEMENTS p. 14-15



Proportion of claims finalised by Memoranda of Agreement

**11.3%**

+0.7%p change from previous quarter

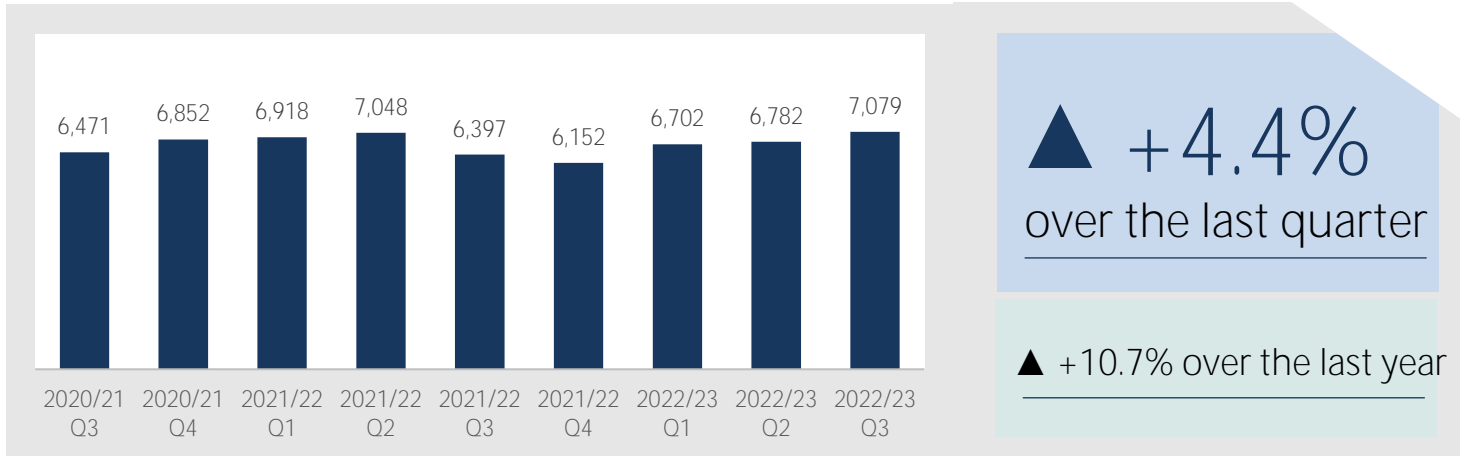


Proportion of claims finalised by 92(f) deeds

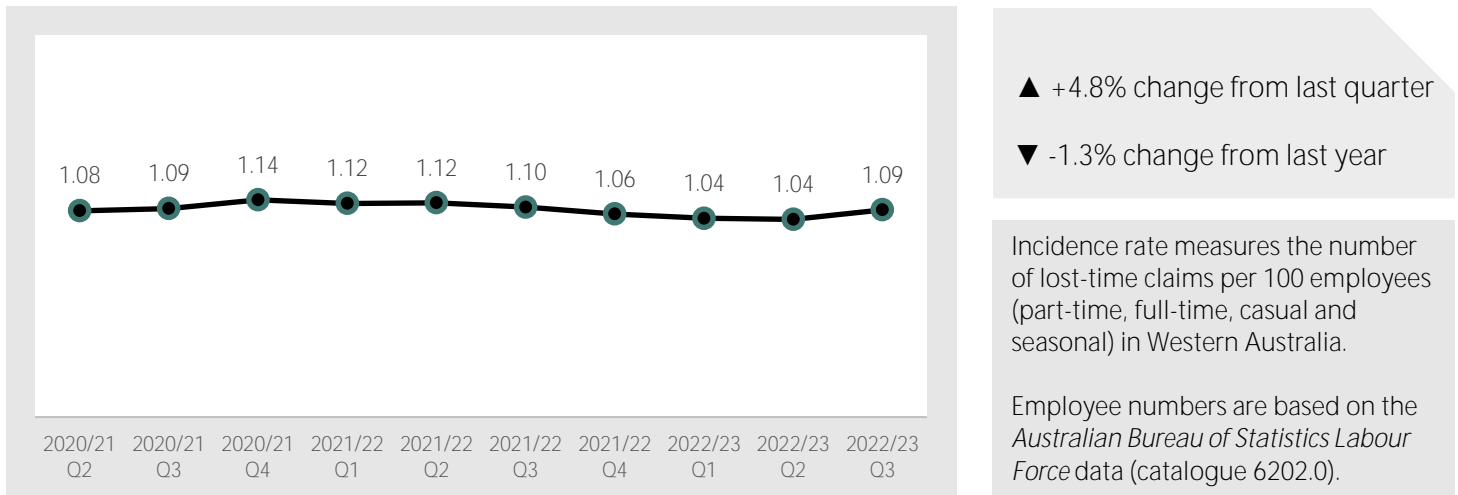
**12.9%**

+4.5%p change from previous quarter

## Total number of claims lodged | by insurer received quarter

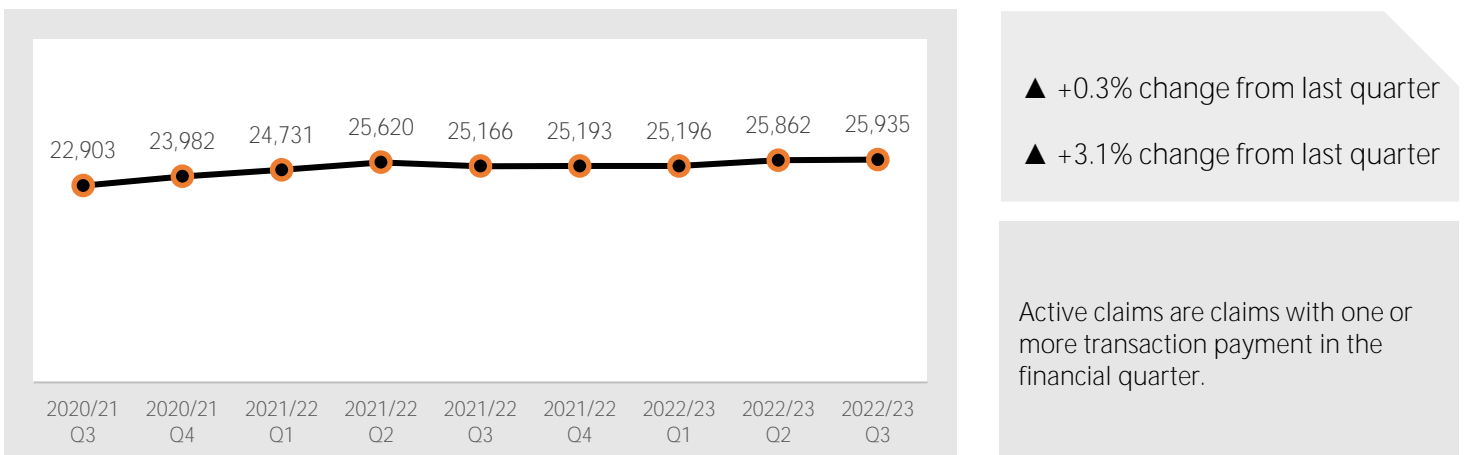


## Incidence rate\* | number of lost-time claims per 100 employed persons



\* Incidence rate is based on a four-quarter rolling period.

## Active claims | by transaction quarter

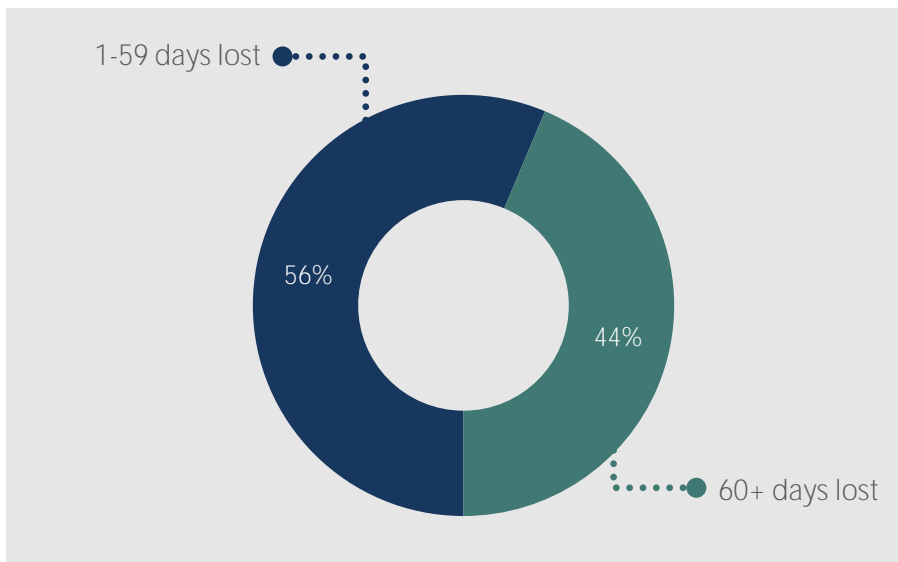


## SHORT VS. LONG DURATION CLAIMS | 2022/23 Q1



Indicators on this page refers to long duration claims (60+ days lost). To allow for long duration claims to be realised, a six-month lag (two quarters) is applied.

## Proportion of lost-time claims | 2022/23 Q1

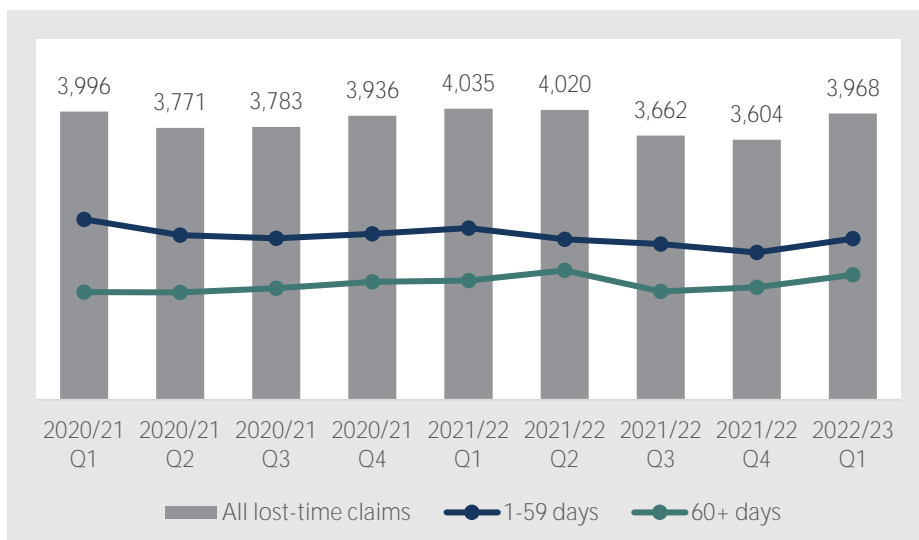


There were 3,968 lost-time claims lodged in Sep (Q1) 2022/23. Short duration claims

accounted for 56% of lost-time claims and long duration claims accounted for 44% of lost-time claims.

Long duration claims increased from 37% to 44% from Sep (Q1) 2020/21 to Sep (Q1) 2022/23. Short duration claims decreased from 63% to 56% over the same period.

## Claim numbers | short vs. long duration claims



### 1-59 days lost

▲ +9.5% change from last quarter

▼ -6.1% change from last year

### 60+ days lost

▲ +10.9% change from last quarter

▲ +4.7% change from last year

2022/23 Q3 | AT A GLANCE



TOTAL PAYMENT TRANSACTIONS  
**\$305m**

▼ -3.4% change from last quarter

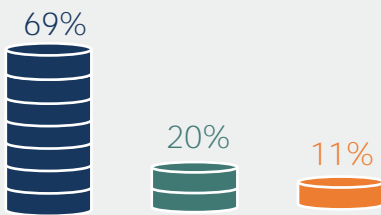


AVERAGE PAYMENT

**\$42,203** per finalised claim

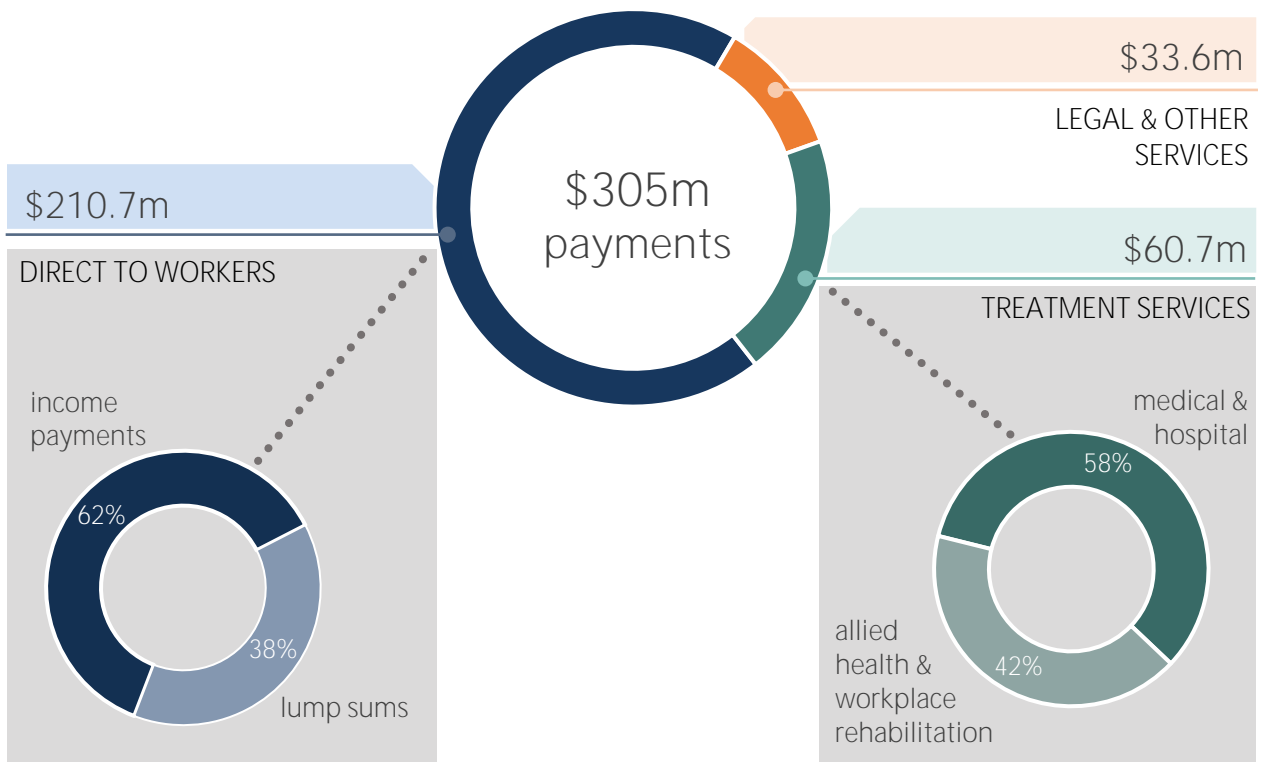
▼ -2.9% change from last quarter

## TRANSACTION TYPES



DIRECT TO WORKERS	\$210.7m
TREATMENT SERVICES	\$60.7m
LEGAL & OTHER SERVICES	\$33.6m

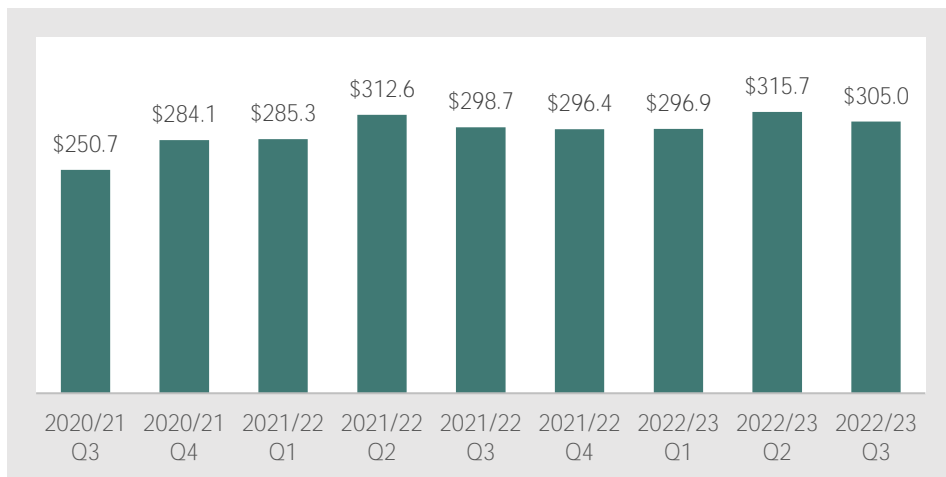
## TRANSACTION TYPES BREAKDOWN





# Claim Payments

Total claim payments | \$million



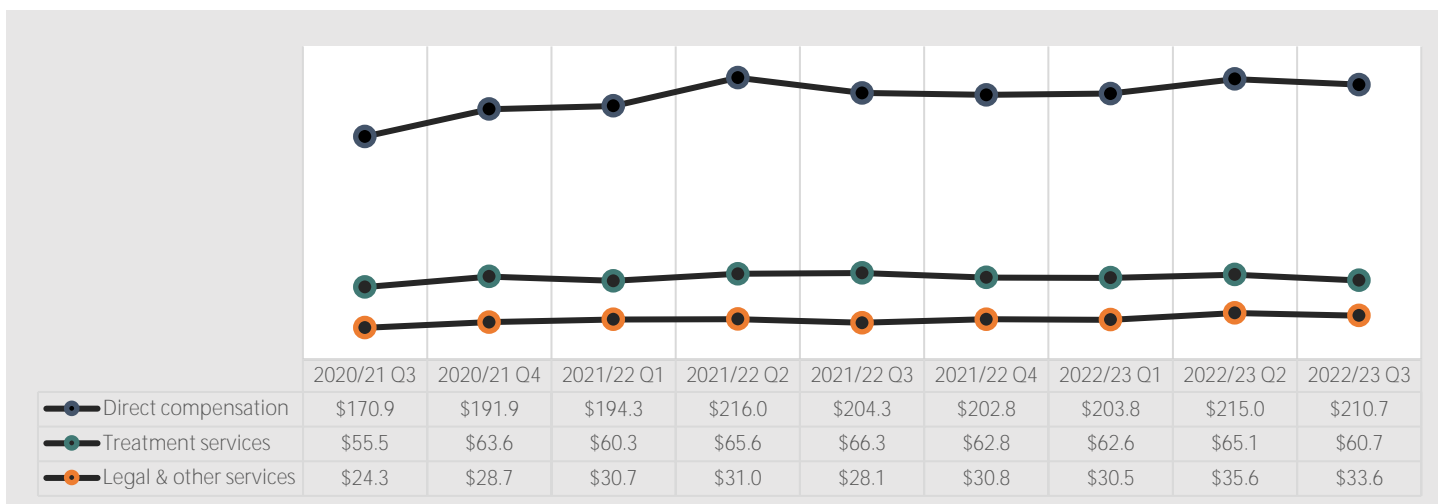
Payments are adjusted for inflation to allow meaningful comparisons over time.

Total claim payments show an **increasing trend** between Mar (Q3) 2020/21 and Mar (Q3) 2022/23.

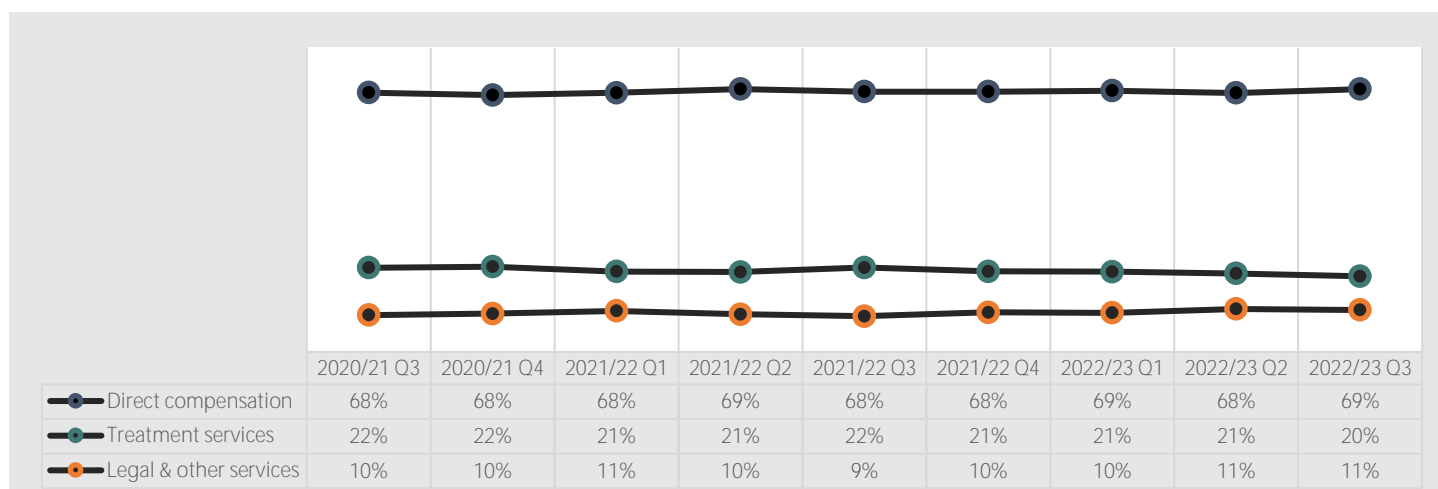
▼ -3.4% change from last quarter

▲ +2.1% change from last year

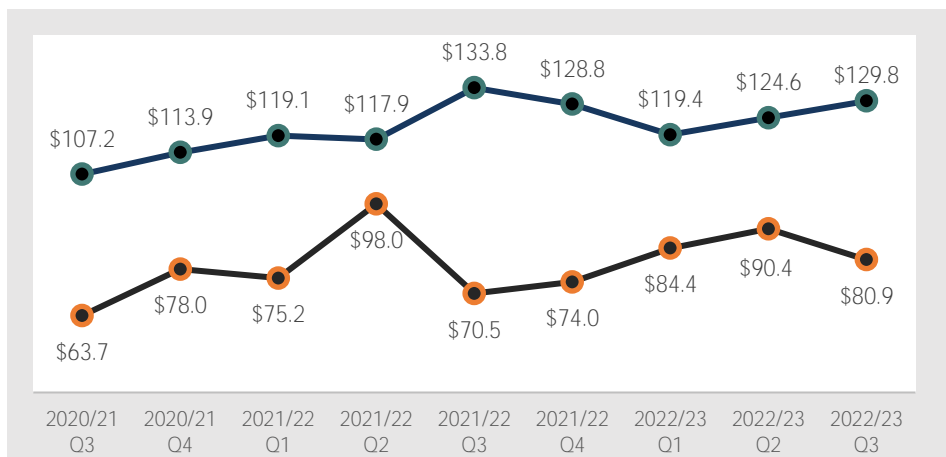
Claim payments by payment type | \$million



Claim payments | proportion of payment types

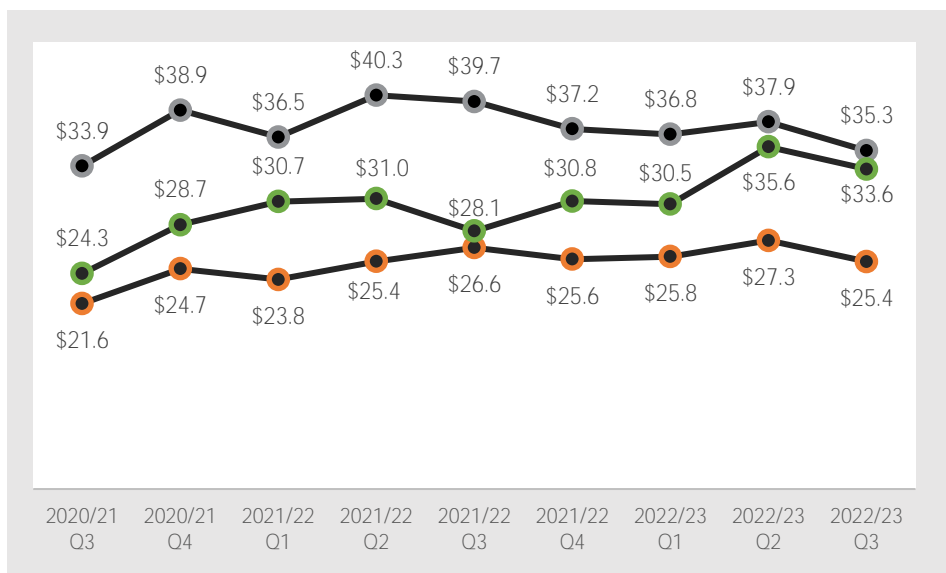


## Payments direct to workers | \$million



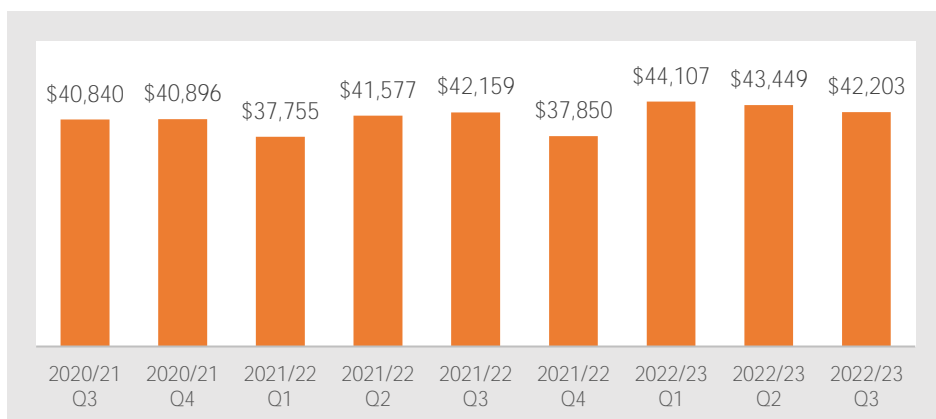
- Income payments
  - ▲ +4.2% change from last quarter
  - ▼ -3% change from last year
- Lump sums
  - ▼ -10.5% change from last quarter
  - ▲ +14.8% change from last year

## Treatment services and legal & other services payments | \$million



- Medical & hospital
  - ▼ -6.8% change from last quarter
  - ▼ -11.1% change from last year
- Legal & other services
  - ▼ -5.6% change from last quarter
  - ▲ +19.8% change from last year
- Allied health & workplace rehab
  - ▼ -6.9% change from last quarter
  - ▼ -4.7% change from last year

## Average claim payments | per finalised claim



Average finalised claim payments **remained stable**

over the last quarter and currently stands at **\$42,203** for Mar (Q3) 2022/23.

▲ +0.1% change from last year

Payments are adjusted for inflation to allow for meaningful comparisons over time.

2022/23 Q3 | AT A GLANCE



LOST-TIME CLAIM DURATION

MEDIAN 6.9 months

▼ -2.8% over the last quarter

▼ -1.4% over the last year



EMPLOYER LODGEMENT PERIOD



INSURER LODGEMENT PERIOD within 5 days



INITIAL LIABILITY DECISION made within legislative timeframe

injury claims: 17 days  
disease claims: 50 days

Employer lodgement period refers to the number of days between occurrence of a work-related injury or diagnosis of a work-related disease and lodgement of a worker's compensation claim with the employer.

The average number of days between the occurrence of an injury and lodgement of a workers' compensation claim with an employer was 17 days for all income claims.

average days: 2.9 days

After receiving a worker's compensation claim, an employer (whose worker is covered by the *Workers' compensation and Injury Management Act 1981*) is required to lodge the received claim with their insurer within five working days. This is referred to as the insurer lodgement period.

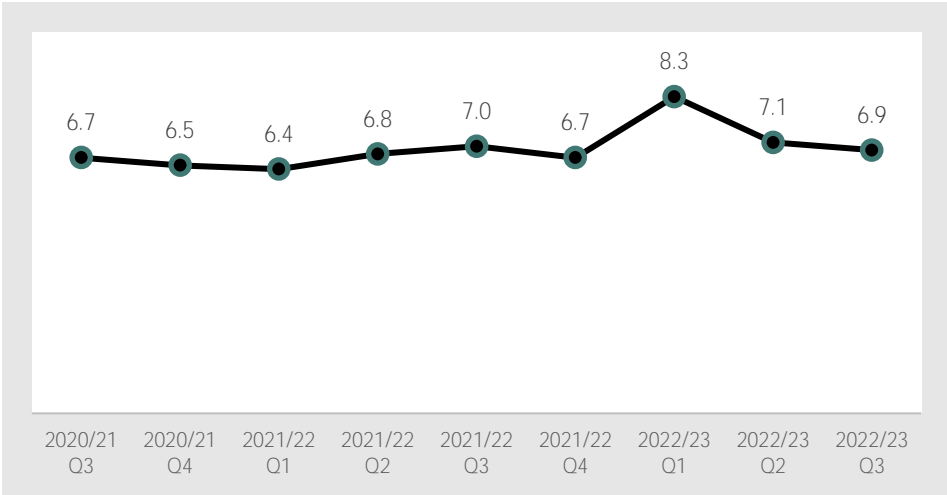
The average number of days for employers lodging the received claims with their insurer was 2.9 days.

insurer: 92%  
self-insurer: 86%

Initial liability decision made within legislative timeframe refers to the period of time where approved insurers and self-insurers are required to make an initial decision as to whether to accept or decline liability for the compensation claim.

For approved insurers the timeframe is within 14 days. For self-insurers, the timeframe is within 17 days.

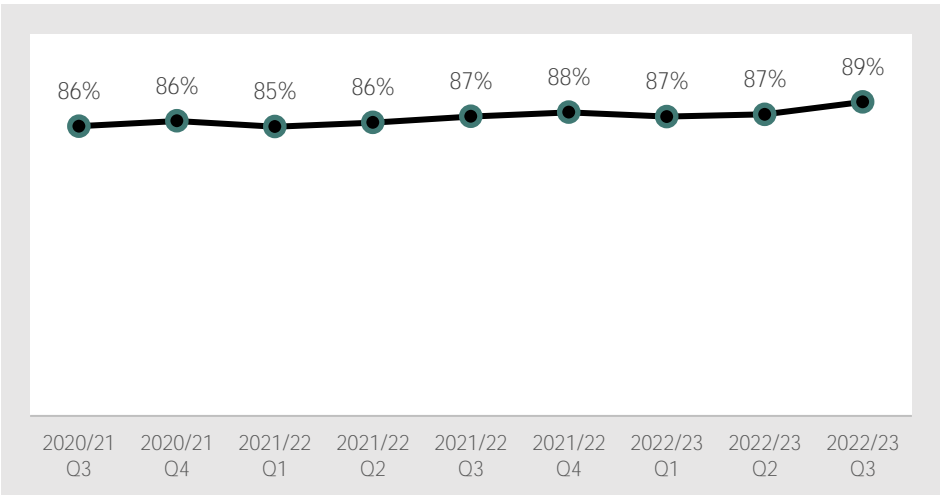
## Median lost-time claim duration | months



- ▼ -2.8% over the last quarter
- ▼ -1.4% over the last year

Between Mar (Q3) 2020/21 and Mar (Q3) 2022/23, the median lost-time claim duration ranges between 6.4 and 8.3 months.

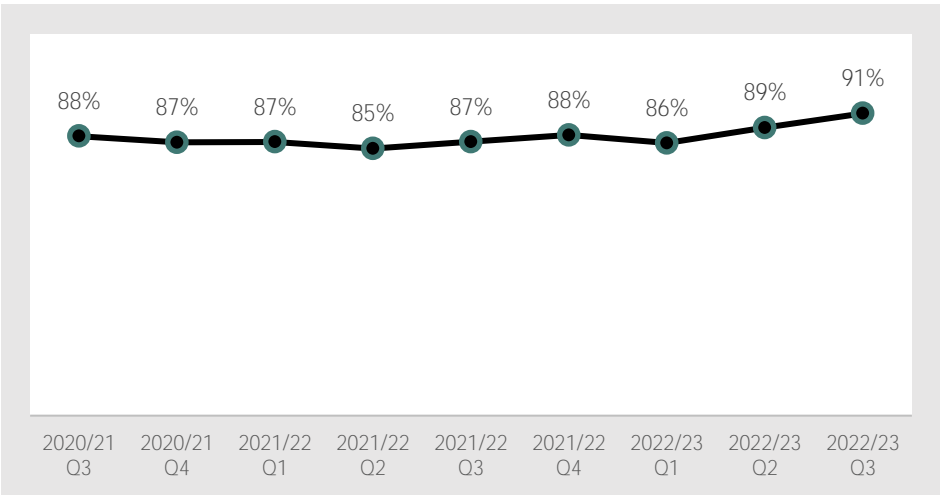
## Proportion of income claims lodgement by insurers | within 5 days



- ▲ +2.2%p over the last quarter
- ▲ +2.6%p over the last year

After receiving a worker's compensation claim, an employer (whose worker is covered by the *Workers' Compensation and Injury Management Act 1981*) is required to lodge the received claim with their insurer within five working days. This is referred to as the **insurer lodgement period**.

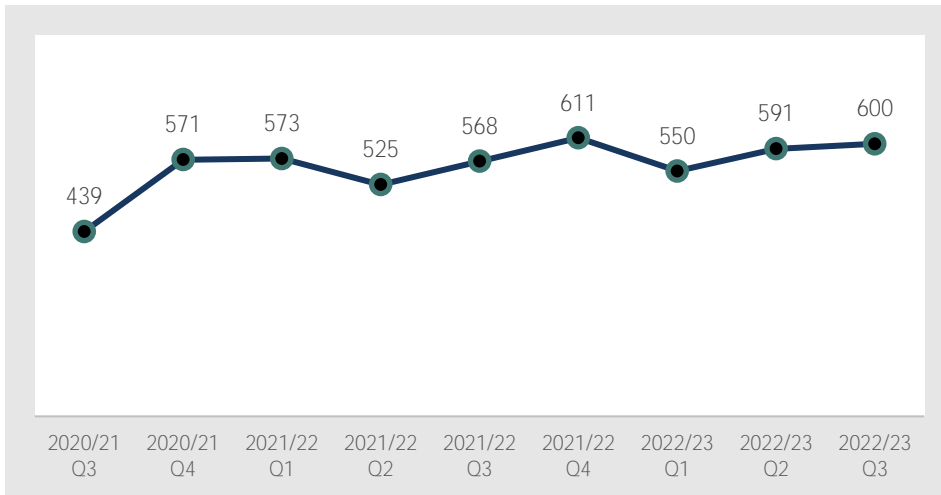
## Proportion of income claims with initial liability decision made | within legislative timeframes



- ▲ +2.7%p over the last quarter
- ▲ +5.6%p over the last year

**Approved insurers** are required to make an initial decision as to whether to accept or decline liability for claims within **14 days**. For **self-insurers** an initial decision should be made within **17 days**.

## Number of dispute applications | by acceptance quarter



▲ +1.5% over the last quarter

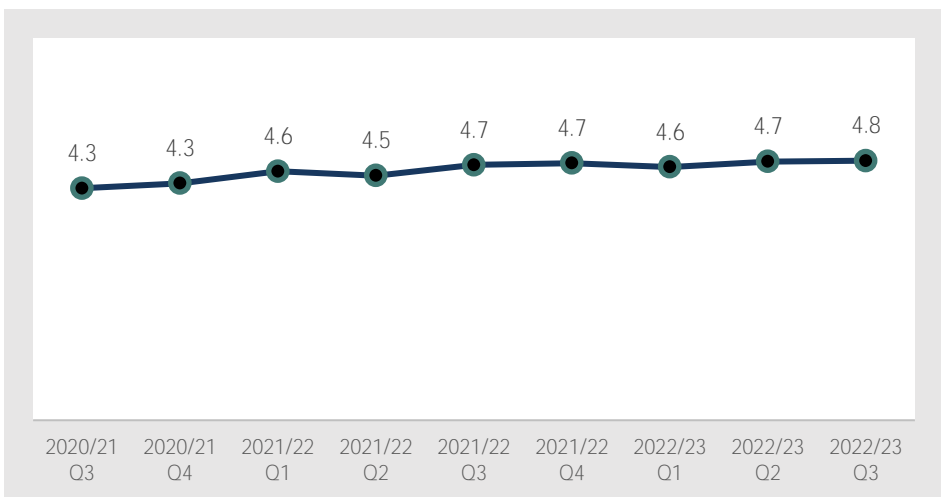
▲ +5.6% over the last year

For Mar (Q3) 2022/23, the number of dispute applications was **600**.



Between Mar (Q3) 2020/21 and Mar (Q3) 2022/23 the dispute rate increased.

## Disputation rate\* | by acceptance quarter



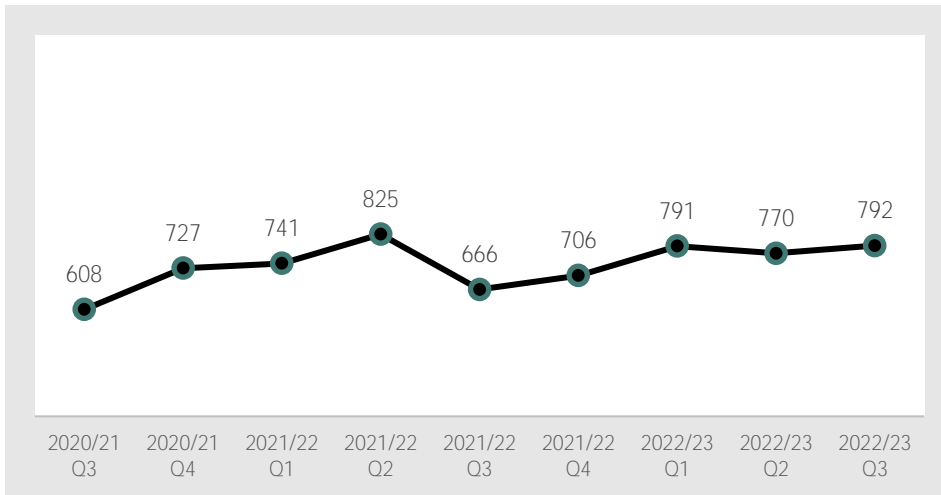
▲ +0.3% over the last quarter

▲ +1.7% over the last year

For 12 months ending 31 Mar 2023 (2022/23 Q3), the disputation rate was **4.8 disputes** per 100 active claims.

\* Disputation rate is based on a four-quarter rolling period.

## Number of memoranda of agreement | by settlement recorded quarter



▲ +2.9% over the last quarter

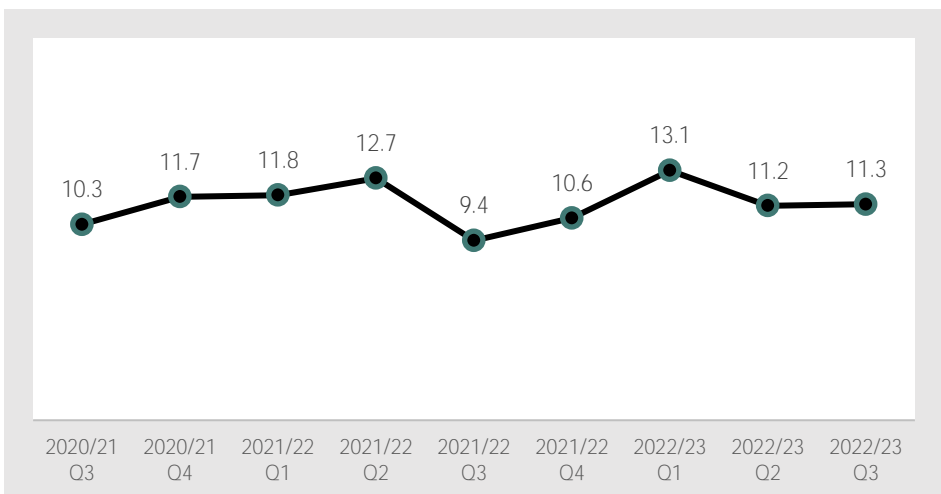
▲ +18.9% over the last year

For Mar (Q3) 2022/23, the number of Memoranda of Agreement was **792**.



Between Mar (Q3) 2020/21 and Mar (Q3) 2022/23 the number of MoA increased.

## Memoranda of agreement | as a proportion of finalised claims

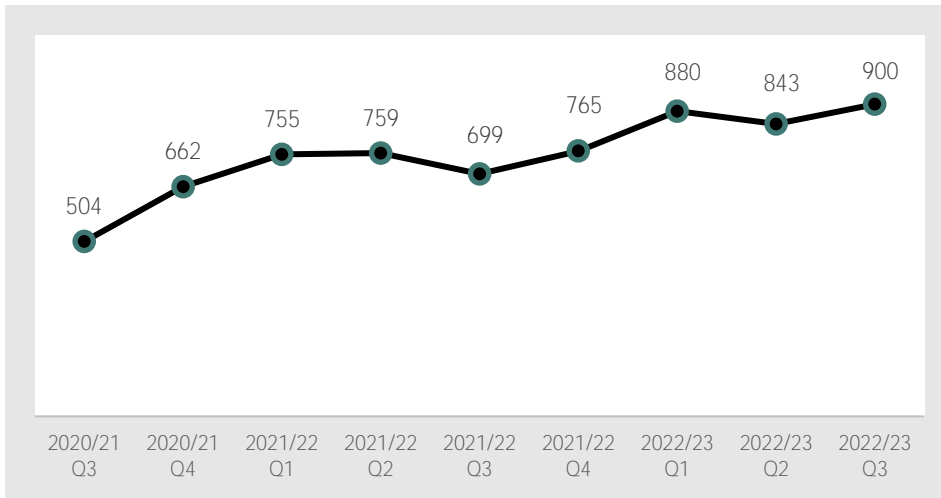


▲ +0.7%p over the last quarter

▲ +20.2%p over the last year

For Mar (Q3) 2022/23, the proportion of claims finalised by Memoranda of Agreement was **11.3%**.

## Number of section 92(f) deeds | by settlement recorded quarter



▲ +6.8% over the last quarter

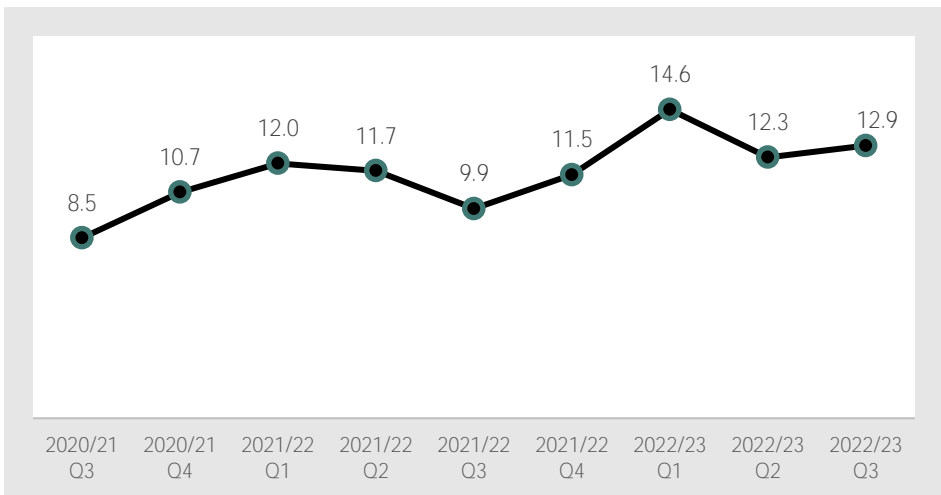
▲ +28.8% over the last year

For Mar (Q3) 2022/23, the number of Section 92(f) deeds was **900**.



Between Mar (Q3) 2020/21 and Mar (Q3) 2022/23 the number of S.92(f) deeds increased.

## Section 92(f) deeds | as a proportion of finalised claims



▲ +4.5%p over the last quarter

▲ +30.1%p over the last year

For Mar (Q3) 2022/23, the proportion of claims finalised through Section 92(f) deeds was **12.9%**.

# Approved Insurer & Self-Insurer Comparison

2022/23 Q3 | AT A GLANCE

## Approved Insurer

6,490 claims  
92%

\$288 million  
94%

\$42,842  
per finalised claim

6.9 months

91.8%

24.2%



Claim Count



Claim Payment



Average Payment  
Per Finalised Claim



Median Lost-Time  
Claim Duration



Initial Liability Decision Within  
Legislative Timeframe



Settlement Rate

## Self-Insurer

589 claims  
8%

\$16.9 million  
6%

\$33,635  
per finalised claim

6.7 months

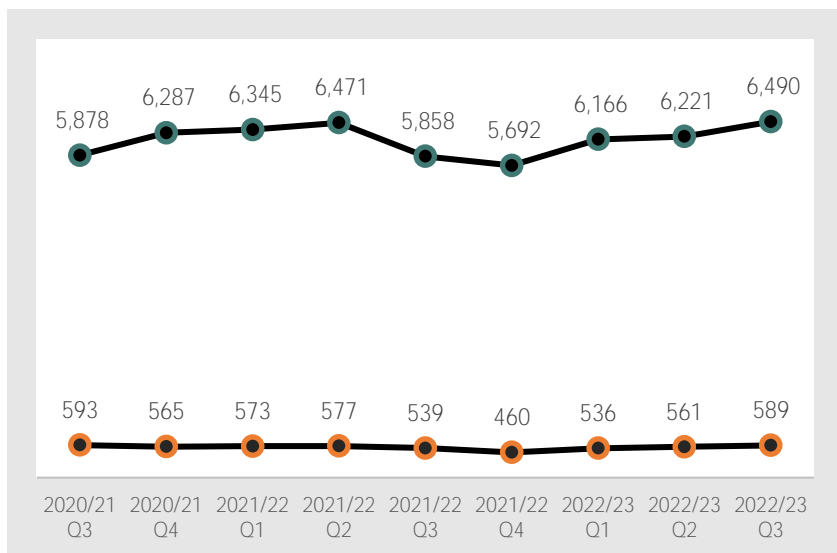
86.3%

24.3%



# Approved Insurer & Self-Insurer Comparison

## Total number of claims lodged

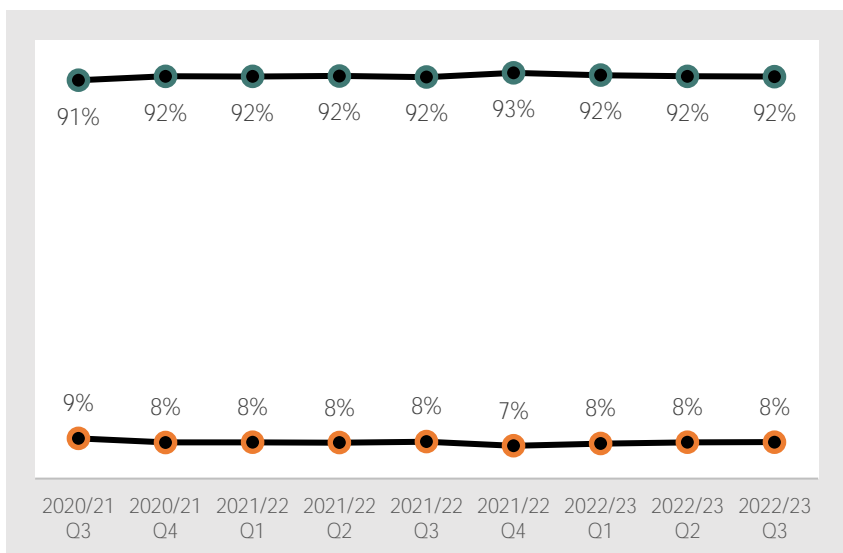


- Approved insurer
  - ▲ +4.3% over the last quarter
  - ▲ +10.8% over the last year
- Self-insurer
  - ▲ +5% over the last quarter
  - ▲ +9.3% over the last year

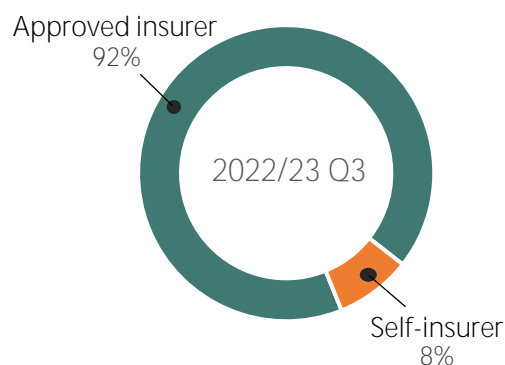
Over the reporting period, there is a stable to increasing trend for claims lodged by approved insurers and for self-insurers.

Over the last year, the number of claims lodged increased for approved insurers (+11%) and self-insurers (+4%).

## Proportion of claims



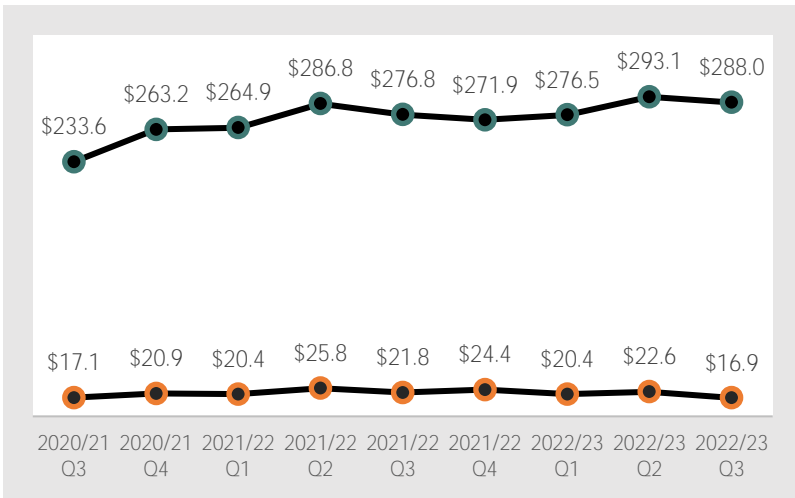
- Approved insurer
  - ▼ -0.1%p over the last quarter
  - ▲ +0.1%p over the last year
- Self-insurer
  - ▲ +0.6%p over the last quarter
  - ▼ -1.3%p over the last year



Between Mar (Q3) 2020/21 and Mar (Q3) 2022/23, the proportion of claims remained stable for approved insurers and self-insurers.

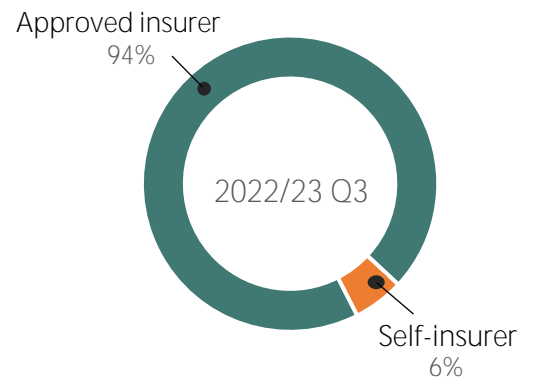
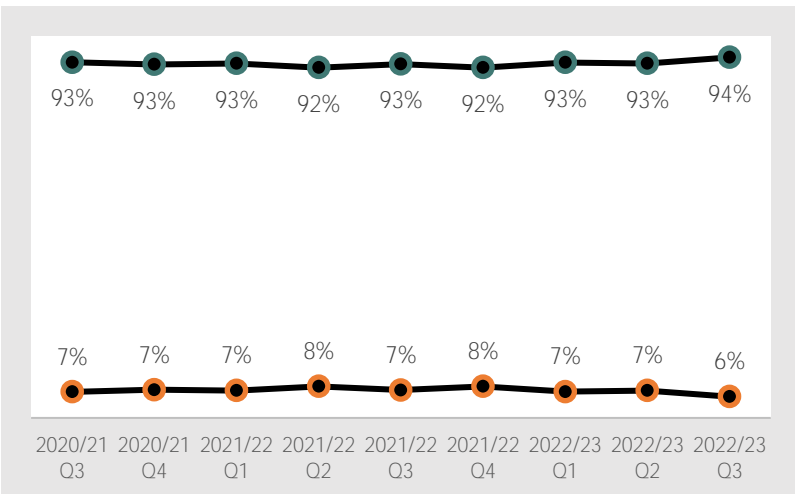
# Approved Insurer & Self-Insurer Comparison

## Total payments | \$million

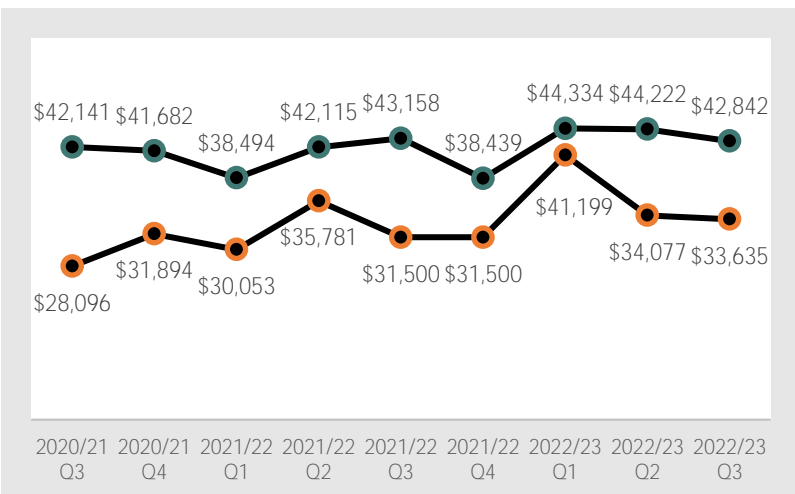


- Approved insurer
  - ▼ -1.8% over the last quarter
  - ▲ +4% over the last year
- Self-insurer
  - ▼ -25% over the last year
  - ▼ -22.4% over the last quarter

## Proportion of payments



## Average claim payments | per finalised claim



- Approved insurer
  - ▼ -3.1% over the last year
  - ▼ -0.7% over the last quarter
- Self-insurer
  - ▼ -1.3% over the last quarter
  - ▲ +6.8% over the last year

# Approved Insurer & Self-Insurer Comparison

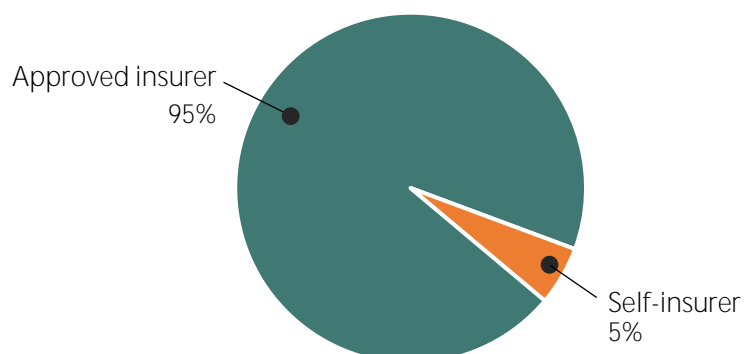
## Current claim costs for open claims | Approved Insurer

Insurer received year	Open claims	Total estimated \$	Actual paid \$	Outstanding estimated \$	% outstanding estimate for all open claims
All earlier years	69	14,296,159	11,901,707	2,394,452	16.7
2013/14	13	2,021,837	1,416,766	605,071	29.9
2014/15	27	6,684,003	3,251,269	3,432,734	51.4
2015/16	39	12,766,310	6,964,613	5,801,697	45.4
2016/17	87	19,702,486	13,492,776	6,209,710	31.5
2017/18	158	44,973,342	28,277,097	16,696,245	37.1
2018/19	308	113,526,310	62,952,295	50,574,015	44.5
2019/20	646	199,097,265	118,559,610	80,537,656	40.5
2020/21	1,637	383,188,708	233,396,987	149,791,721	39.1
2021/22	4,178	661,175,938	358,288,276	302,887,662	45.8
<b>Total</b>	<b>7,162</b>	<b>1,457,432,359</b>	<b>838,501,396</b>	<b>618,930,962</b>	<b>42.5</b>

## Current claim costs for open claims | Self-insurer

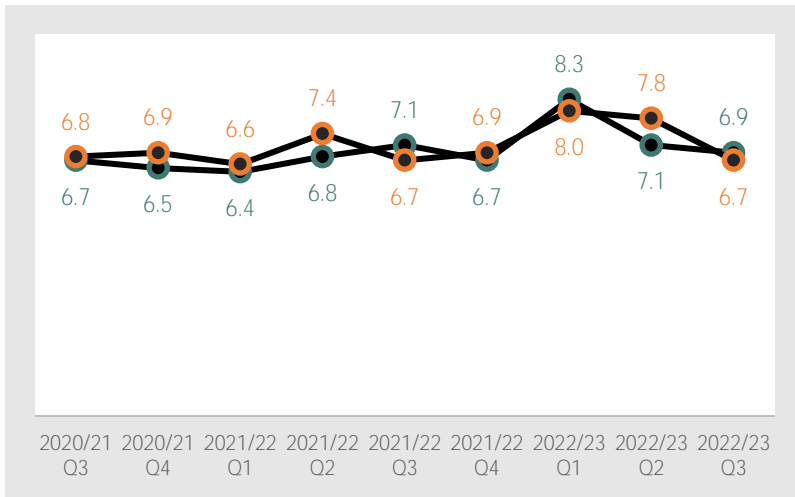
Insurer received year	Open claims	Total estimated \$	Actual paid \$	Outstanding estimated \$	% outstanding estimate for all open claims
All earlier years	<5	226,979	216,701	10,278	4.5
2013/14	<5	6,000	0	6,000	100.0
2014/15	<5	291,918	155,679	136,239	46.7
2015/16	0	0	0	0	-
2016/17	<5	848,881	581,375	267,506	31.5
2017/18	6	1,484,982	906,603	578,379	38.9
2018/19	16	6,206,777	3,454,161	2,752,616	44.3
2019/20	44	11,193,998	7,899,134	3,294,864	29.4
2020/21	126	23,050,998	15,788,972	7,262,026	31.5
2021/22	330	40,635,592	24,959,743	15,675,849	38.6
<b>Total</b>	<b>528</b>	<b>83,946,126</b>	<b>53,962,369</b>	<b>29,983,757</b>	<b>35.7</b>

## Proportion of total estimated claim costs for open claims | up to 30 June 2022



# Approved Insurer & Self-Insurer Comparison

## Median lost-time claims duration by initial finalisation | months

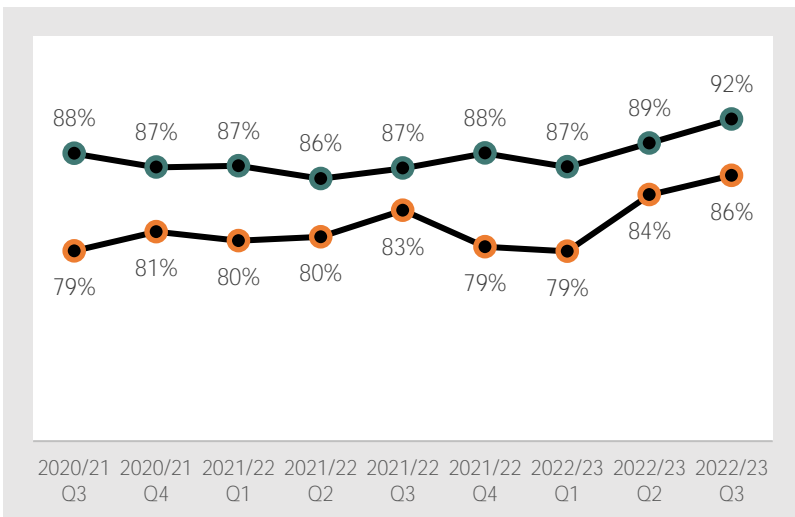


Over the reporting period, the median lost-time claim duration for both approved insurers and self-insurers show an increasing trend.

The median lost-time claim duration for approved insurers fluctuates between 6.4 and 8.3 months over the reporting period.

- Approved insurer
  - ▼ -2.8% over the last quarter
  - ▼ -2.8% over the last year
- Self-insurer
  - ▼ -14.1% over the last quarter
  - 0% over the last year

## Proportion of income claim initial liability decisions made | within legislative timeframe



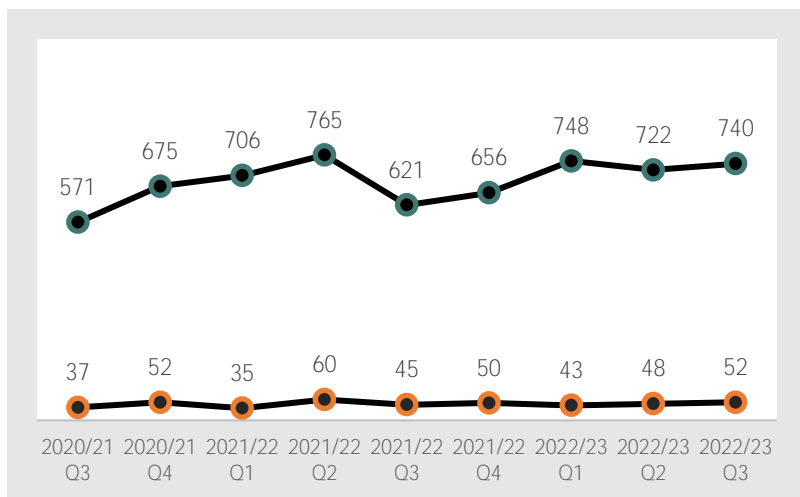
The proportion of income claims where an approved insurer/self-insurer makes an initial liability decision within the specified legislative time requirement improved over the reference period.

Between Mar (Q3) 2020/21 and Mar (Q3) 2022/23, income claims with liability decisions made within the required time for approved insurers improved from 88% to 92% and self-insurers from 79% to 86%.

- Approved insurer
  - ▲ +2.6%p over the last year
  - ▲ +5.6%p over the last quarter
- Self-insurer
  - ▲ +2.3%p over the last year
  - ▲ +4.2%p over the last quarter

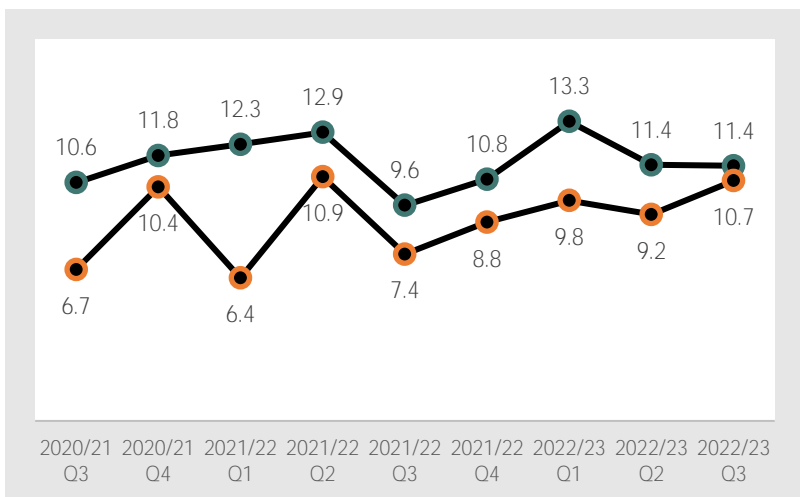
# Approved Insurer & Self-Insurer Comparison

## Number of memoranda of agreement



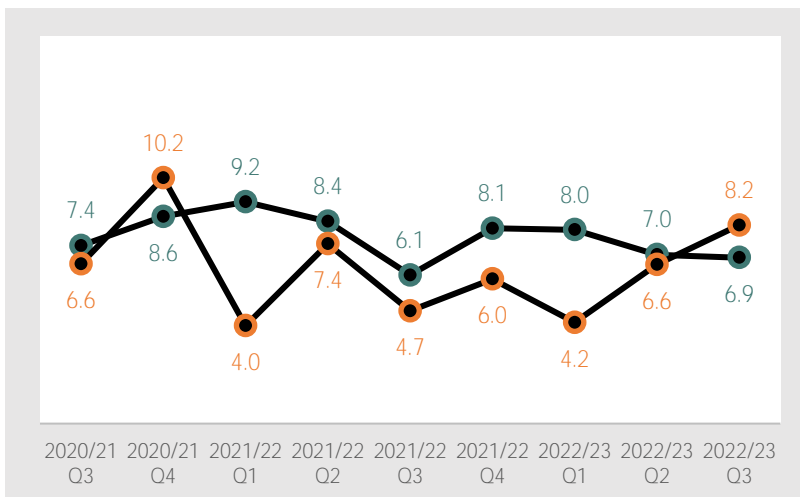
- Approved insurer
  - ▲ +2.5% over the last quarter
  - ▲ +19.2% over the last year
- Self-insurer
  - ▲ +8.3% over the last quarter
  - ▲ +15.6% over the last year

## Memoranda of agreement | as proportion of finalised claims



- Approved insurer
  - ▼ -0.4%p over the last quarter
  - ▲ +18.3%p over the last year
- Self-insurer
  - ▲ +16.4%p over the last quarter
  - ▲ +44.1%p over the last year

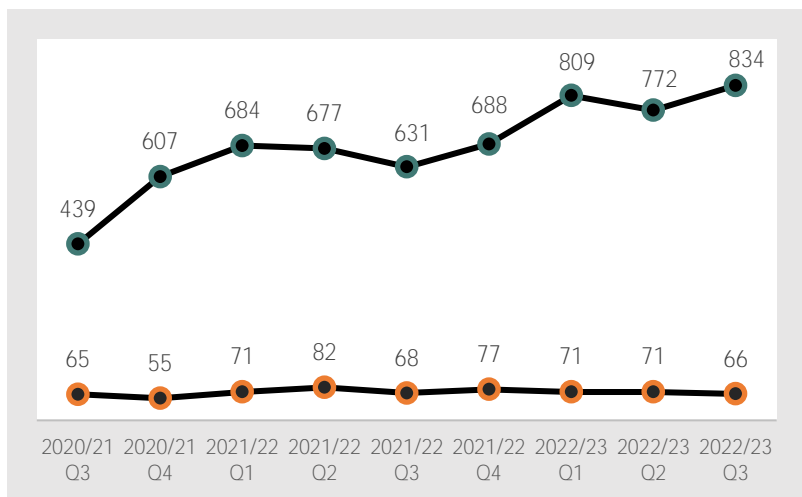
## Memoranda of agreement payments | as proportion of finalised claim payments



- Approved insurer
  - ▼ -1.8% over the last quarter
  - ▲ +11.6% over the last year
- Self-insurer
  - ▲ +24.8% over the last year
  - ▲ +76.1% over the last quarter

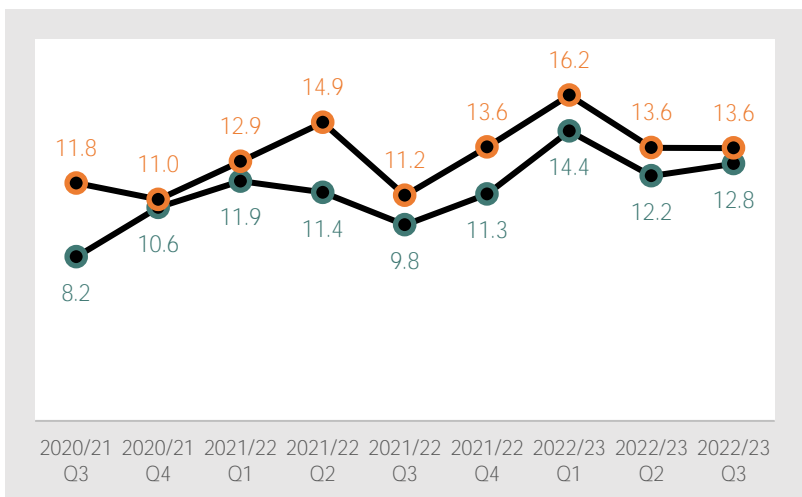
# Approved Insurer & Self-Insurer Comparison

## Number of section 92(f) deeds



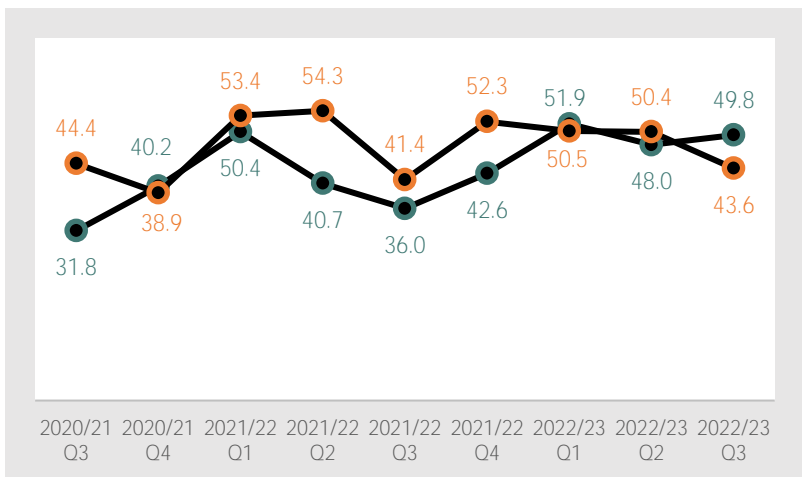
- Approved insurer
  - ▲ +8% over the last quarter
  - ▲ +32.2% over the last year
- Self-insurer
  - ▼ -7% over the last year
  - ▼ -2.9% over the last quarter

## Section 92(f) deeds | as proportion of finalised claims



- Approved insurer
  - ▲ +5%p over the last quarter
  - ▲ +31.2%p over the last year
- Self-insurer
  - ▼ -0.2%p over the last quarter
  - ▲ +21%p over the last year

## Section 92(f) deeds payments | as proportion of finalised claim payments



- Approved insurer
  - ▲ +3.8%p over the last quarter
  - ▲ +38.2%p over the last year
- Self-insurer
  - ▼ -13.6%p over the last quarter
  - ▲ +5.2%p over the last year

TERM	DEFINITION / EXPLANATION OF TERM
Active claim	A claim with one or more transaction payments in a financial year/quarter.
Average payments per finalised claim	The total cost of finalised claims divided by the number of finalised claims. Payments are attributed to the year in which the claims were finalised.
Claim costs	An estimate of costs for unfinalised claims, and the total cost of finalised claims attributed to the year in which a claim was lodged with an insurer.
Claim duration	The number of months between the date the claim was received by the insurer and the date at which the claim was first finalised.
Claim payment types	<p>Payments direct to worker:</p> <ol style="list-style-type: none"> <li>1. income payments (payments made for absences from work).</li> <li>2. lump sum payments (including common law): <ul style="list-style-type: none"> <li>- redemption payments made under Schedule 1</li> <li>- specific injury payments made under Schedule 2</li> <li>- fatal payments including funeral expenses.</li> <li>- common law and other Acts payments.</li> </ul> </li> </ol> <p>Payments for treatment services:</p> <ol style="list-style-type: none"> <li>1. medical and hospital payments: <ul style="list-style-type: none"> <li>- medical practitioner and specialist payments</li> <li>- hospital expenses (hospital accommodation and hospital treatment).</li> </ul> </li> <li>2. allied health and workplace rehabilitation payments: <ul style="list-style-type: none"> <li>- other treatment and appliance payments</li> <li>- workplace rehabilitation payments.</li> </ul> </li> </ol> <p>Payments for legal and other services:</p> <ol style="list-style-type: none"> <li>1. legal expenses</li> <li>2. approved medical specialist service payment and third party referred report</li> <li>3. miscellaneous payments.</li> </ol>
Disputation rate	The number of dispute applications as a proportion of all active claims based on a four-quarter rolling period.
Dispute	A dispute over a worker's compensation claim by parties involved (e.g. insurer, employer, worker). A dispute can occur at any stage of a claim in relation to a number of matters.
Employer lodgement period	The number of days between occurrence of a work-related injury or diagnosis of a work-related disease and lodgement of a worker's compensation claim with an employer.
Estimated claim cost	The total estimated incurred claim costs, exclusive of development estimate and incurred but not reported (IBNR) amounts. Estimated costs are not adjusted for inflation and are attributed to the year in which a claim was lodged with an insurer.
Incidence rate	The number of lost-time claims per hundred employees (part-time, full-time, casual, and seasonal) in Western Australia. Employee numbers are based on the Australian Bureau of Statistics Labour Force data (catalogue number: 6202.0).

TERM	DEFINITION / EXPLANATION OF TERM
Initial liability decision for approved insurers	After receiving a worker's compensation claim from an employer, an approved insurer within the WA workers' compensation scheme is required to make an initial decision as to whether to accept or decline liability for the claim within 14 days. See S.57A (3) <i>Workers' Compensation and Injury Management Act 1981</i> .
Initial liability decision for self-insurers	After receiving a worker's compensation claim, a self-insurer within the WA workers' compensation scheme is required to make an initial decision as to whether to accept or decline liability for the claim within 17 days. See S.57B (2) <i>Workers' Compensation and Injury Management Act 1981</i> .
Insurer lodgement period	After receiving a worker's compensation claim, an employer (whose worker is covered by the <i>Workers' Compensation and Injury Management Act 1981</i> ) is required to lodge the received claim with their insurer within five working days. See S.57A (2) <i>Workers' Compensation and Injury Management Act 1981</i> .
Long duration claims	Workers' compensation claims for which the injury/disease results in an absence from work of at least 60 days or shifts.
Lost-time claims	Claims for which the injury/disease results in an absence from work of at least one day or shift.
Memoranda of Agreement	A legal instrument which, if registered with the Conciliation and Arbitration Services of WorkCover WA, records a statutory settlement of a worker's compensation claim. See section 76 of the <i>Workers' Compensation and Injury Management Act 1981</i> .
Number of claims	Claims lodged during a given period and includes claims where no payment has been recorded at the date of data extract.
Outstanding estimated claim costs	Amount of liability that is yet to be paid for each incurred claim and as estimated by insurers.
Payment year or payment period or payment quarter	The year, period or quarter for when payments were made for workers' compensation claims.
Payments	Also see claim payments. Payments are adjusted for inflation to allow meaningful comparisons over time.
Section 92(f) deeds	A lump sum payment for damages against the employer without proceeding to court; no further claim can be made. See Section 92(f) of the <i>Workers' Compensation and Injury Management Act 1981</i> .
Settlement rate	The number of settlements recorded as a proportion of finalised claims.
Transaction quarter	The date a payment was processed.



- 1 **Due to the dynamic nature of workers' compensation claims, the interpretation of data contained within this report (the data) must be undertaken with some caution.** Data users are cautioned to consider carefully the provisional nature of the data before using it for decisions that concern personal or public safety or the conduct of business that involves substantial monetary or operational consequences.
- 2 The accuracy or reliability of the data is not guaranteed or warranted in any way. WorkCover WA has made a reasonable effort to ensure that the data is up-to-date, accurate, complete, and comprehensive at the time of disclosure. This data reflects data reported to this agency by insurers and self-insurers for the reporting periods indicated. Data users are responsible for ensuring by independent verification its accuracy, currency or completeness.
- 3 Neither WorkCover WA, or its agencies or representatives, are responsible for data that is misinterpreted or altered in any way. Derived conclusions and analysis generated from this data are not to be considered attributable to WorkCover WA.
- 4 This data is provided as is and in no event shall WorkCover WA, its agencies or representatives be liable for any damages, including, without limitation, damages resulting from lost data or lost profits or revenue, the costs of recovering such data, the costs of substitute data, claims by third parties or for other similar costs, or any special, incidental, punitive or consequential damages, arising out of the use of the data.
- 5 **Information concerning the accuracy and appropriate uses of the data or concerning other workers' compensation data may be obtained by contacting WorkCover WA.**