



2 Bedbrook Place
Shenton Park
Western Australia 6008
workcover.wa.gov.au

telephone 08 9388 5555
advisory services 1300 794 744
TTY 08 9388 5537

Workers Compensation and Injury Management Act 2023

APPROVED FORM [s. 496]

Workplace Fatality – Additional Information Notice

In accordance with section 496 of the *Workers Compensation and Injury Management Act 2023* the approved form for a notice given under section 138(5),(3)(c) and section 139(4), (2)(c) of the *Workers Compensation and Injury Management Act 2023* is **Workplace Fatality – Additional Information Notice** in Appendix 1.

The **Workplace Fatality – Additional Information Notice** in Appendix 1 is effective 1 July 2024 and registered as WorkCover WA Approved Form DN10 – v1 [D2024/105819].

CHRIS WHITE
CHIEF EXECUTIVE OFFICER

27 May 2024

Workers Compensation and Injury Management Act 2023
WORKPLACE FATALITY – ADDITIONAL INFORMATION NOTICE

Claimant

Name:
Address:
Date of birth:
Phone number:
Email address:

Worker

Name:
Address:
Date of birth:

Employer

Name:
Address:
ABN:
Phone number:
Email address:

Claim

Insurer:
Insurer claim number:
Date of injury:
Date of death:
Date claim given to insurer:
Date of notice:

NOTICE

In relation to the above claim we are informing you that a decision on whether liability is to be accepted for this claim is not able to be made within the time allowed as we require some additional information from you.

Additional information required and reason(s):

- Medical documents: _____
- Non-medical documents: _____
- Information on dependant(s): _____
- Information on other potential claimants: _____

We will make a decision on the claim as soon as practicable after receiving the information or document(s) listed above.

If you have any questions about the status of your claim or the documents or information we have requested please contact us. For general advice please contact WorkCover WA's Advice and Assistance Service on 1300 794 744 or visit www.workcover.wa.gov.au

Notice Details

Notice issued by: _____

Email address: _____

Phone number: _____

Web: _____