Response

Response to an Application for Mediation of a Work Injury Damages Claim

This is the approved form to respond to an application for mediation of a work injury damages claim.

Claimant:

Defendant:

Filed by:

Date pre-filing defence served on claimant: / / 

Is the Defendant declining to participate in mediation on the basis that liability in respect of the claim is wholly disputed?: □ Yes □ No

NOTICE TO PARTIES

The pre-filing defence and all associated information and documents must be attached to this application.

Notes:

1. The defendant is to lodge with the Commission a reply to an application for mediation within 21 days of registration of an application for mediation of a work injury damages claim (Rule 17.10(1) Workers Compensation Commission Rules 2011).

2. A reply must indicate whether or not the defendant will decline to participate in mediation on the basis that liability in respect of the claim is wholly disputed (Rule 17.10 (2) Workers Compensation Commission Rules 2011)

Please note that the information contained in the ‘notes’ to this form is provided as general information only and does not constitute legal advice. The relevant legislation provisions governing the workers compensation jurisdiction should be consulted before submitting this form to the Workers Compensation Commission.
PART 1 – Defendant Details

1.1 Defendant details
Title: □ Mr □ Ms □ Mrs □ Miss □ Dr □ Other
Surname/Family name: ___________________________ Given name(s): ___________________________
Name of business/organisation: ___________________________
Postal or DX address: ___________________________ Postcode: ___________________________
Email address: ___________________________
Phone number: ___________________________

1.2 Insurer/scheme agent details
Claim number: ___________________________
Name of insurer/scheme agent: ___________________________
Postal or DX address: ___________________________ Postcode: ___________________________
Contact Person: ___________________________
Email address: ___________________________
Phone number: ___________________________

1.3 Defendant/insurer/scheme agent representative details
Complete this section only if the defendant/insurer/scheme agent has a representative
Firm or organisation: ___________________________
Postal or DX address: ___________________________ Postcode: ___________________________
Name of representative: ___________________________
Email address: ___________________________
Phone number: ___________________________

PART 2 – Signature
Signature of claimant (or representative): ___________________________ Date: / /
Lodgment Details

Hand delivery  
Level 20, 1 Oxford Street Darlinghurst NSW 2010

Postal address  
PO Box 594 Darlinghurst NSW 1300

Document exchange  
DX 11524 Sydney Downtown

Electronic lodgment  
registry@wcc.nsw.gov.au

Privacy of Personal Information

The privacy of personal information is important to the Workers Compensation Commission. The Commission collects personal information to register application forms and make decisions about disputes or claims. The NSW workers compensation laws permit the Commission to collect this information.

The Commission may give personal information to another person or agency (e.g. a doctor, a party, State Insurance Regulatory Authority) as required or authorised by law.

Decisions by the Commission will generally be published, including on the Internet, unless there are exceptional circumstances justifying the decision being withheld.

A person has a right to access their personal information and correct any inaccuracies.