



Workers Compensation  
Commission

**Matter No:**

**/20**

FORM 1B

Reply to Application for Expedited Assessment

January 2019

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# Reply

## Reply to Application for Expedited Assessment

This is the approved form to reply to an application for expedited assessment.

**Applicant:**

**Respondent:**

**Filed by:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Employer                | <input type="checkbox"/> Specialised insurer                 | <input type="checkbox"/> icare                 |
| <input type="checkbox"/> Employer representative | <input type="checkbox"/> Self-insurer                        | <input type="checkbox"/> Worker                |
| <input type="checkbox"/> Scheme agent*           | <input type="checkbox"/> Insurer/scheme agent representative | <input type="checkbox"/> Worker representative |

\*Note scheme agent means scheme agent for the nominal insurer

### PART 1 – Service

Date served on other parties: / /

Date served on other parties: / /

Method of service:

Method of service:

Party/person served:

Party/person served:

Address of party/person served:

Address of party/person served:

#### NOTICE TO RESPONDENT

The Respondent has 7 days to serve the Applicant and lodge a Reply on Form 1B with the Commission

The Reply must accord with the *Workers Compensation Commission Rules 2011*, Practice Direction No. 10, Practice Direction No. 15 and the Guide to completing Form 1B available on the Commission's website [www.wcc.nsw.gov.au](http://www.wcc.nsw.gov.au)

## PART 2 – Respondent Details

### 2.1 Respondent details

Respondent number (if more than 1 respondent):

Respondent name:

ABN:

Postal or DX address:

Postcode:

Contact person (if respondent is a business or organisation):

**Phone number for teleconference:**

Email address:

Phone number:

*Cross this box if correspondence and documents are to be sent to or served at address of representative*

### 2.2 Insurer/scheme agent details

Complete this section only if the respondent is an employer

Claim number:

Name of insurer/scheme agent:

Postal or DX address:

Postcode:

Contact person:

**Phone number for teleconference:**

Email address:

Phone number:

Period of risk (if more than one insurer/scheme agent): From:    /    /                      To:            /            /

### 2.3 Respondent representative details

*Complete this section only if the respondent has a representative*

Firm or organisation:

Postal or DX address:

Postcode:

Name of representative:

**Phone number for teleconference:**

Email address:

Phone number:

## PART 3 – Matters in Dispute

### 3.1 Complete only if NOT a claim for provisional payments

Confirmed as per decision notice/s attached to the Application  Yes  No

Failure to determine  Yes  No

List all issues in dispute and the reasons for the failure to determine:

### 3.2 Complete ONLY if a claim for provisional payments

List all issues in dispute:

## PART 4 – Supporting Documentation

**Note:** Supporting documentation is limited to documents that have been exchanged between the parties as and when required by the Workplace Injury Management and Workers Compensation Act 1998 and any regulation or guideline made under that Act, and by the Workers Compensation Commission Rules 2011

Refer to the Guide for the preferred order of documents to be attached

Document	Author	Date of Document	Start Page
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

## PART 5 – Certification and Signature

The Respondent certifies that:

- The Respondent is entitled to lodge this reply because it satisfies the statutory procedural requirements under section 289 and 289A of the *Workplace Injury Management and Workers Compensation Act 1998* and clauses 44,45 and 46 of the *Workers Compensation Regulation 2016*.
- The dispute is limited to those matters identified in Application for Expedited Assessment lodged by the Applicant and those identified in Part 3.

Respondent's (or representative's) signature:                      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](mailto: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.