

Kayla Watson

From: injurynotice@ccpd.com.au
Sent: Thursday, 15 October 2020 7:40 AM
To: [REDACTED]
Subject: Injury notice - [REDACTED] - 14/10/2020

Injury Notice

Date: **October, 14 - 2020**
Employee: [REDACTED] | Mobile:
Supervisor: [REDACTED] | Mobile:
Supervisor comment: **Yes. [REDACTED] suffered a cut to the left index finger while using a grinder to cut the end off cantilever brackets. I took him to the medical centre near work. The Nurse took him straight in to clean the wound and the Doctor then saw him and**

Kayla Watson

From: information@workcoverqld.com.au
Sent: Thursday, 15 October 2020 7:46 AM
To: [REDACTED]
Subject: Your WorkCover Queensland claim lodgement
Attachments: OnlineClaimForm.PDF

WorkCover Queensland has received your claim/report via our online system. Your lodgement receipt number is 142727. Please note, this is not a claim number – claim numbers are issued when the claim/report has been registered, which is the next step.

We have attached a copy of the claim/report lodgement for your records.

What's next?

Now that an application has been lodged, it will be allocated to a WorkCover Queensland claims representative to be determined.

WorkCover determines claims as quickly as possible and will generally contact both the worker and employer within three business days of the claim being lodged to discuss details of the injury and event before we make our decision. A work capacity certificate – workers' compensation is also required before the application can be accepted.

Learn more about the [claims process](#).

WorkCover Queensland

p: 1300 362 128

[worksafe.qld.gov.au](#)




Safe Work Month 2020.

Safe Work Month is about committing to improving work health and safety and remembering our most important reasons for staying safe at work. Find out how to get involved.

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Kayla Watson

From: Annmary.Kurian@workcoverqld.com.au
Sent: Friday, 16 October 2020 1:05 PM
To: [REDACTED]
Subject: Application for workers' compensation (S20GS737564)



Dear [REDACTED]

WorkCover Queensland has accepted [REDACTED] claim for the application for the "Deep laceration - left 2nd finger" they sustained on 14 October 2020. [REDACTED] will be covered for medical expenses from 14 October 2020.

Claim Details

Claim number: [REDACTED]
Policy number: [REDACTED]

WorkCover Queensland will pay reasonable medical expenses for treatment of [REDACTED] work related injury; if there has been or will be lost time please let me know so that appropriate remittance can be made. Please note you are required to pay for any time loss on the day of injury and that this amount must not be paid out of holiday or sick leave entitlements.

Reviews and appeals

If you disagree with the decision, please contact me on 07 3006 8632 so we can discuss the determination process and your review rights. You may request the written reasons for decision outlining why we have accepted this application for compensation. This request must be made within 20 business days of being advised of our decision.

For more information about your review rights please visit weblink: [Reviews and appeals](#)

If you have any questions, please do not hesitate to contact me.

Annmary Kurian
Claims Representative
WorkCover Queensland
p: 07 3006 8632
worksafe.qld.gov.au



For more information on our privacy policy go to www.workcoverqld.com.au/Privacy.html

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