Racing NSW

# Jockey's Injury Claim Form

**Racing NSW, as a Specialised Insurer has engaged Gallagher Bassett as an independent claims manager to assist with the administration of workers compensation claims within the Racing NSW Insurance Fund.**

*This form is to be completed as soon as a work related injury has occurred and sent without delay to Gallagher Bassett at

**Email:** racingnsw@gbtpa.com.au **Post:** GPO Box 5474 Sydney NSW 2001 **Fax:** (02) 9464 7244

*Please complete all sections of the form and attach all relevant information and documentation including the Certificate of Capacity from the treating doctor, wage-details and receipts or invoices for medical and related treatment.

*Your employer will also be asked to provide relevant information in relation to your injury

*Shortly after lodgement you will be contacted by your case manager who will provide all ongoing claim and injury management assistance.

## 1. Your Details

**Surname:**

**First Name:**

**Other known or previous legal names**

**RNSW Licence ID:** ______________________

**Date of Birth:** / /

**Emergency Contact:**

**Name:**

**Phone Number:**

**Gender: (Please tick)**

☐ Male ☐ Female

**Residential street address:**

**Suburb:**

**Postcode:**

**Phone No:**

**Mobile No:**

**Please state your Nationality:**

______________________

**Please state your Language spoken at home:**

______________________

**Bank Details:**

**Financial Institution:** **BSB:** **Account No.**

**Pre- Injury Average Weekly Earnings:** $

## 2. Injury Details:

**What was the date and time that your injury occurred?**

**Date:** / / **Time:** **AM/PM**

**What happened and how were you injured?**

**Where did the injury occur? (stable, racecourse, etc…)**

**If you were injured when riding track work, who was the trainer you were riding for at the time?**

**What part/s of the body was injured?**

**Have you previously suffered a similar injury before?**
**Give details of this injury:**

**When did you report the incident?**

**Date:** / / **Time:** **AM/PM**

**Was there a witness to your incident?**

☐ **Yes** ☐ **No**

**If Yes, please state:**

**Contact Name:** ______________________ **Phone Number:** ______________________

**Who did you report the incident to?**

______________________

**Please provide the contact details for this person:**

______________________

______________________

**Did you require an ambulance?** ☐ **Yes** ☐ **No**

**Were you taken to hospital?** ☐ **Yes** ☐ **No**

**Hospital Name:** ______________________

**Have you returned to Work?** ☐ **Yes** ☐ **No**

**If you have answered NO, what is your current work capacity status? (E.g. Suitable Duties, Pre-Injury duties)**

_______________________________________________

_______________________________________________

## Checklist:

**Have you provided:**

1. **Payslips/ Proof of earnings for ALL employers** ☐
2. **Have you completed this claim form in full** ☐
3. **Have you provided a Work Cover Certificate of Capacity stating your fitness for work** ☐
4. **Any other relevant documentation for your injury** ☐
5. **Have you read the declaration and signed the claim form** ☐

## 3. Authority to release Medical Information and Worker's Declaration:

I have read the information provided in this form. I declare that the information that I have supplied in this form, and any attachments to this form, is true and correct to the best of my knowledge. I understand that the making of a false or misleading claim or false and misleading statement in support of the claim is punishable by law and that I may be prosecuted.

I authorise and consent to any person who provides a medial or hospital service to me in connection with an injury/condition to which this claim relates to provide upon request by the workers compensation authority, my employer or insurer/ claims agent, any information regarding the service relevant to the claim. I understand that my authority has effect and cannot be revoked for the duration of the claim. I also authorise any person or authority to provide information regarding factual matters relevant to the claim.

I understand that if this claim results in my receiving weekly compensation payments, I am required to notify whomever is paying my benefits, if I commence employment with some other person, or in my own business, or of any change in my employment that affects my earnings, and that failure to do so is an offense.

Worker's signature: ........................................................... Date: / /

Australian Government
Australian Taxation Office

ato.gov.au

# Tax file number declaration

**This declaration is NOT an application for a tax file number.**

- Use a black or blue pen and print clearly in BLOCK LETTERS.
- Print **X** in the appropriate boxes.
- Read all the instructions including the privacy statement before you complete this declaration.

## Section A: To be completed by the PAYEE

**1 What is your tax file number (TFN)?**

For more information, see question 1 on page 2 of the instructions.

**OR** I have made a separate application/enquiry to the ATO for a new or existing TFN.

**OR** I am claiming an exemption because I am under 18 years of age and do not earn enough to pay tax.

**OR** I am claiming an exemption because I am in receipt of a pension, benefit or allowance.

**2 What is your name?** Title: Mr Mrs Miss Ms

Surname or family name

First given name

Other given names

**3 What is your home address in Australia?**

Suburb/town/locality

State/territory Postcode

**4 If you have changed your name since you last dealt with the ATO, provide your previous family name.**

**5 What is your primary e-mail address?**

**6 What is your date of birth?** Day / Month / Year

**7 On what basis are you paid?** (select only one)

Full-time employment | Part-time employment | Labour hire | Superannuation or annuity income stream | Casual employment

**8 Are you:** (select only one)

An Australian resident for tax purposes | A foreign resident for tax purposes | **OR** | A working holiday maker

**9 Do you want to claim the tax-free threshold from this payer?**

Only claim the tax-free threshold from one payer at a time, unless your total income from all sources for the financial year will be less than the tax-free threshold.

**Yes** **No** Answer **no** here if you are a foreign resident or working holiday maker, except if you are a foreign resident in receipt of an Australian Government pension or allowance.

**10 Do you have a Higher Education Loan Program (HELP), VET Student Loan (VSL), Financial Supplement (FS), Student Start-up Loan (SSL) or Trade Support Loan (TSL) debt?**

**Yes** Your payer will withhold additional amounts to cover any compulsory repayment that may be raised on your notice of assessment. **No**

**DECLARATION by payee:** *I declare that the information I have given is true and correct.*

Signature

**You MUST SIGN here**

Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

**Once section A is completed and signed, give it to your payer to complete section B.**

## Section B: To be completed by the PAYER (if you are not lodging online)

**1 What is your Australian business number (ABN) or withholding payer number?**

Branch number (if applicable)

**2 If you don't have an ABN or withholding payer number, have you applied for one?** **Yes** **No**

**3 What is your legal name or registered business name (or your individual name if not in business)?**

**4 What is your business address?**

Suburb/town/locality

State/territory Postcode

**5 What is your primary e-mail address?**

**6 Who is your contact person?**

Business phone number

**7 If you no longer make payments to this payee, print X in this box.**

**DECLARATION by payer:** *I declare that the information I have given is true and correct.*

Signature of payer

Date Day / Month / Year

There are penalties for deliberately making a false or misleading statement.

Return the completed original ATO copy to:
Australian Taxation Office
PO Box 9004
PENRITH NSW 2740

**IMPORTANT**

**See next page for:**

- payer obligations
- lodging online.

**Sensitive** (when completed)

NAT 3092-06.2019 [DE-6078]