

When to use this form



This form lets us know about compensation you and/or your partner are receiving, about to receive or have received in the past.

You and/or your partner will need to complete a separate **Compensation and damages (Mod C)** form for every compensation claim you and/or your partner have been paid or are eligible to claim.

Online account



Completing this form online is faster and easier.

Access your Centrelink online account through myGov and select:

- Payments and claims
- then Claims
- then Make a claim.

If you do not have a myGov account, you can create one at **my.gov.au** and then link Centrelink to it.

For more information

We understand compensation can be complicated. We have information on our website to help.

Go to **servicesaustralia.gov.au/centrelinkcompensationrecovery**



Information in your language

To speak to us in your language, call **131 202**.

Call charges may apply.



Hearing and speech assistance

If you have a hearing or speech impairment, you can use:

- the National Relay Service **1800 555 660**, or
- our TTY service on **1800 810 586**. You need a TTY phone to use this service.

For more information about help with communication, go to **servicesaustralia.gov.au** and search 'other support and advice'.

Estimator tool



The Compensation Estimator tool can help you check how compensation affects Centrelink payments. Your legal or financial adviser can use this too.

Go to servicesaustralia.gov.au/estimators

Free financial help



We can help you make an informed decision about the effect of compensation on your finances. You can make an appointment to talk to a Financial Information Service Officer by calling **132 300**.

Call charges may apply.

This service is free, independent and confidential.

Filling in this form

You can fill and sign this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print it and sign it.

If you have a printed form:

- Use black or blue pen
- Print in BLOCK LETTERS.
- Where you see a box like this Go to 1 skip to the question number shown.

About you

1 Your Customer Reference Number (if known)

6 0 5 4 4 5 2 7 3 T

2 Your family name

Morrison

First given name

Raymond

Second given name

George John

3 Your date of birth (DD MM YYYY)

1 9 0 8 1 9 8 5

4 Your contact phone number (including area code)

0 4 5 9 5 7 0 0 4 6

5 If you **and** your partner have both been paid or have claimed compensation, you and your partner will need to complete a separate **Compensation and damages (Mod C)** form.

Who has received or claimed compensation?

You ☒ Click to go to 10

Your partner ☐ Go to next question

About your partner



Your partner needs to complete and sign the remaining questions about the claim for compensation.

6 Your Customer Reference Number (if known)

7 Your family name

First given name

Second given name

8 Have you been known by any other name(s)?

Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No ☐ Go to next question

Yes ☐ Give details below

Other name(s)

If you need more space, provide a separate sheet with details.

9 Your contact phone number (including area code)



CLK0Mod(C) 2402

10 What is the date of the injury or illness?

This is the date the injury occurred or when the illness was officially diagnosed.

2 4 0 2 2 0 2 2 (DD MM YYYY)

11 What is the start date you lost wages due to the injury or illness?

Same date as question 10 ☐

OR

Different date (DD MM YYYY) 2 4 1 0 2 0 2 3

12 Where did the injury or illness occur?

Australian Capital Territory ☐ South Australia ☐
New South Wales ☐ Tasmania ☐
Northern Territory ☐ Victoria ☐
Queensland ☐ Western Australia ☒

Outside Australia ☐ Give details below

Name of country

13 What type of compensation has been or will be claimed?



You need to provide a copy of the policy for claims relating to:

- a sporting injury
- Personal Accident and Sickness Insurance
- Income Protection Insurance.

Sporting injury ☐
Personal Accident and Sickness Insurance
or Income Protection Insurance ☐

Worker's compensation ☒

Motor Vehicle ☐

Criminal Injuries/ ☐

Victim's compensation

Public Liability ☐

Medical Negligence ☐

Other ☐ Give details below

14 Is the compensation payer or insurer an:

Australian insurer or individual ☒

Overseas insurer or individual ☐

Superannuation fund ☐

Do not know ☐

15 What are the compensation payer's or insurer's details?

This is the Insurance Company, Authority or person paying the compensation.

Name of compensation payer or insurance company

QBE

Address

Level 18/200 St Georges Terrace, Perth W.

Postcode 600

Phone number (including area code)

0 8 9 2 1 3 6 1 0 0

Compensation payer's claim number

WCCQPERRPQSYL

16 Did the injury or illness occur:

At work ☒

Travelling to or from work ☐ Give details below

Employer's business name

Nateis Contracting PTY LTD

Address

113 Dalison Ave, Wattleup WA

Postcode 6166

Phone number (including area code)

0 8 9 4 1 0 2 4 0 0

Other ☐ Give details below

17 Have periodic compensation payments been paid?

No ☐ Go to 20

Yes ☒ Go to next question

18 When did periodic compensation payments start?

2 4 0 2 2 0 2 2 (DD MM YYYY)

Give the current periodic **gross** amount (before tax)

\$ 2114.98 per Fortnight

 Provide verification (payslips / remittance advice) for any periods you were in receipt of Centrelink payments.

19 Have the payments stopped?

No ☐ Go to 21

Yes ☒ Date you were paid up to and including

1 7 1 0 2 0 2 3 (DD MM YYYY)

 Provide the letter advising when your payments stopped.

20 Are you trying to get periodic compensation payments?

No ☒

Yes ☐

21 Has a lump sum compensation payment been paid?

No ☐ Go to next question

Yes ☒ Give the **gross** lump sum amount (before tax)

\$ 200000

Date the lump sum was paid

29 11 2023 (DD MM YYYY)

 Provide the settlement documents or letter advising the lump sum payment details.

22 Are you trying to get a lump sum compensation payment?

No ☒

Yes ☐

23 Have you made or intend to claim any other compensation claims?

No ☒ Go to next question

Yes ☐

 A separate **Compensation and damages (Mod C)** form will have to be completed for each compensation injury or claim. If you do not have this form, go to servicesaustralia.gov.au/forms

About your solicitor

24 Do you, or did you, have a solicitor acting for you in this claim for compensation?

No ☐ Go to next question

Yes ☒ Give details below

Date the solicitor started acting for you

12 04 2022 (DD MM YYYY)

Name of solicitor

Allon Klein

Name of solicitor's firm

Stephen Browne Lawyers

Address

8 Bowman Street , South Perth WA

Postcode 6151

Phone number (including area code)

08 9474 5244

Questions continue ►

Checklist

- 25** Which of the following documents and/or forms are you providing with this form?

Sporting injury, Personal Accident and Sickness Insurance and Income Protection Insurance

Copy of your insurance policy
(required at question 13)

☐

Other types of compensation

A copy of your

Letter of claim acceptance

☐

Letter advising payments starting

☐

Payslips/remittance advice, for any periods you were in receipt of Centrelink payments
(required at question 18)

☐

Letter advising when payments stopped
(if you answered Yes, at question 19)

☐

Signed settlement documents or letter advising the lump sum payment details
(as required if you answered Yes, at question 21)

☒

Forms

Compensation and damages (Mod C) form
(if you answered Yes, at question 23)

☐

Privacy notice

- 26** You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicessaustralia.gov.au/privacypolicy

Declaration

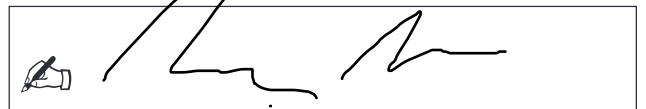
- 27** I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- if submitting this document as part of a claim, the claim may not be accepted unless supporting documents are lodged at the same time as the claim. The only exception will be if I am waiting for medical evidence or other documents from a third party.
- if I already receive a Centrelink payment, I must tell Services Australia **within 7 days** of either myself or my partner receiving a compensation payment.
- I must also tell Services Australia **within 14 days** of any change to the rate of regular compensation payments received by myself or my partner.
- compensation paid to me or my partner may affect my payment under the *Social Security Act 1991* or *Student and Youth Assistance Act 1973*.
- under Section 1166 of the *Social Security Act 1991*, if Services Australia believe I have an entitlement to compensation, I will be required to take reasonable action to obtain that compensation.
- Services Australia can make relevant enquiries, including with my compensation payer(s), to make sure I receive the correct entitlement and/or I am eligible for a concession card.
- giving false or misleading information is a serious offence.

Signature



Date (DD MM YYYY)

02 09 2024

Next steps

- 1 Check that you have answered all the questions that you need to.
- 2 Attach all requested information and any additional required forms.
- 3 Check you have signed and dated this form.

Returning this form

Return this form and any supporting documents:

- online** using your Centrelink online account.
For more information, go to servicessaustralia.gov.au/centrelinkuploaddocs
- in person at one of our service centres.