

Insurer/Agent 503 TMF - QBE
 Insurer/Agent Type SPECIALISED
 Claim No
 Claim Status Open

Claim Summary - CLM02-01

ERC Transaction ID	Submission No	End Date 31/01/2019
Insurer/Agent Branch	TMF	
Branch Address	TMF, 201 ELIZABETH STREET, SYDNEY, 2000, NSW	
Claim No	Revised Claim No	NA
Status Open	Date Lodged	Date Entered by Ins/Agnt
Claimant		Claimant IP ID
Date Of Birth		
Employer Name		Employer IP ID
ABN		
Industry		
WIC/Tariff Rate		
Policy No		Comm Date
Total Premium Payable		
Workplace		
Liability 2	LIABILITY ACCEPTED	
Shared Claim 0	Not Shared	
Second Injury Flag	N	
Net Cost Of Claim	\$ 1,435,129.18	
Significant Injury Date	Contact Complete Date	
Worker Communication Date		