Allianz (1))
-------------	---

Allianz (PIAWE	CAL	CULATOR
Worker Name: *	Ge	off Laidlaw		
Claim Number: * (Pre Registration ent "12345678901")		3456789		
Base Rate Per Week	*		y Amount	
base nate for week		738.56		
		Weeks	Days	Total Wks
PIAWE Relevant Peri	iod: *	52	0	52
Annual Lea	ive:	0	19	2.71
Paid Other Wee	ks:	0	8	1.14
Unpaid Weel	ks:	0	0	0
Total Shift A Total Cor	llowance mmission	Amount: \$ Amount: \$ Amount: \$ Amount: \$	0 0 0	
			Releva	nt Period Amount
Vehicle	☐ Reta	ained Post Inj	ury 0	
Accommodation	ccommodation			
Health Insurance Retained Post Injury 0				
Education	☐ Reta	ained Post Inj	ury 0	
Other	☐ Reta	ained Post Inj	ury 0	
	Total A	Allowance:\$	Г	
Form Completed By	: * 「	Damian Nipp Print	ard	Close
		Harris I		

	Total
Ordinary Earnings:	
Overtime: \$	
Shift Allowance: \$	0
Non-Pecuniary Benefit: \$	0
eductible NPB Amounts: \$ Vehicle: \$	
	0
Accommodation: \$	0
Health Insurance: \$	0
Education: \$	0
Other: \$	0
	Total
Average Weekly Ordinary Earnings: \$	1738.56
Overtime: \$	0
Shift Allowance: \$	0
Full NPB Amount:	0
Deductible NPB Amounts (Calculated): \$	0
PIAWE total: \$	1739
	DYAMIC
95% PIAWE rate*	PIAWE
80% PIAWE rate*	1391
	1331

Do you require assistance? If you have any questions about filling out the form, please do not hesitate to contact the Allianz Eligibility Team on 9234 3646