VWA Provider No: 320002

Our Reference No: 16xxx

x February 2025

(Case Manager first name) (Surname)

Company

DX

SUBURB

Dear (Case Manager),

CIRCUMSTANCE INVESTIGATION REPORT

Prepared in contemplation of litigation

|  |  |
| --- | --- |
| **Claimant:** | Claimant Name |
| **Claim No:** | Claim Number |
| **Employer:** | Employer Name |
| **Date of Injury:** | Injury Date |

We refer to the above matter and thank you for your instructions dated XX XXXX 2025 received at our office on XX XXXX 2025. We submit the following report for your consideration.

# SUMMARY OF KEY FINDINGS

* The Claimant in this matter has placed a claim for compensation with respect to injury as noted on claim form. The Claimant attributes his/her injury to occurring due to summary of how were you injured section of claim form.
* The Employer in this matter Employer name, provide xxx services/is a xxx store/company. The Claimant has been employed as a xxxx for xx years since DD Month Year, working at the XXX Branch/Depot etc {if applicable}.
* As a xxxx the Claimant is required to (brief summary of duties)
* If required note details of whether the Claimant or Employer declined to be interviewed, or if important people were unavailable and why.
* If required note details of relevant pre-existing injuries/conditions, prior claims.
* Summarise main points in the circumstances (with dates where possible) include:
* Summary of how the injury allegedly occurred
* Witness views that corroborate or refute the Claimant’s version of events
* Reporting of injury
* Highlight any inconsistencies, or ‘holes’ in the Claimant’s version of events
* Summary of absence from work, medical appointments, medical certificates and certificates of capacity, test results, dates ceased or resumed work.
* In closing comment on what the Claimant is doing now, eg. is still suffering pain/is gradually improving, taking medication, has returned to work on light duties, has not returned to work since xx.
* Due to recommendations of the Department of Health and Human Services in response to COVID-19 and in the interest of reducing the risk of spreading coronavirus in the community, we conducted interviews in this matter remotely. We adapted to the needs of workplaces and individuals, whilst keeping in line with WorkSafe guidelines, privacy and information security measures.

# EMPLOYER

|  |  |
| --- | --- |
| **Company Name:** | Employer Name |
|  |  |
| **Address:** | No Street Suburb State Postcode |
|  |  |
| **Nature of Business:** | Eg. Retail store; Manufacturer and supplier of xxx products |
|  |  |
| **Contact Person:** | As per instructions |
|  |  |
| **Position:** |  |
|  |  |
| **Telephone Number:** |  |
|  |  |
| **Email Address:** |  |

# CLAIMANT

|  |  |
| --- | --- |
| **Name:** |  |
|  |  |
| **Address:** |  |
|  |  |
| **Telephone Number:** |  |
|  |  |
| **Email Address:** |  |
|  |  |
| **Date of Birth and Age:** | DD Month Year, xx years old |
|  |  |
| **Family Status:** | The Claimant is married/not married/in a defacto relationship with xx adult children/children aged xx and xx years old. |
|  |  |
| **Hobbies / Activities:** | The Claimant stated he/she likes to |
|  |  |
| **Description:** | The Claimant is approximately xx tall and weighs approximately xxkg. |

# LEGAL REPRESENTATION

The Claimant had not sought legal representation at the time of our interview.

or

The Claimant had sought legal representation from solicitor of law firm, phone number at the time of our interview. If applicable comment on contact with lawyer and if the Claimant declined to be interviewed or to sign their statement.

# INJURY DETAILS

|  |  |
| --- | --- |
| **Nature:** | Injury as noted on claim form |
|  |  |
| **Date & Time:** | The Claimant stated his/her injury occurred on xxxx |
|  |  |
| **Place/Scene of Accident:** | The Claimant stated his/her injury occurred at xxxx |
|  |  |
| **Report of Injury:** | The Claimant stated he/she reported his/her injury on xx Month Year to xxxx. |
|  |  |
| **Cessation & Resumption:** | The Claimant stated on his/her claim form that he/she ceased work on DD Month Year and has not yet returned to the workplace/returned to the workplace on DD Month Year.  The Claimant has provided a Certificate of Capacity from a medical examination on DD Month Year stating he/she has no capacity/capacity for employment from DD Month Year to DD Month Year. |
|  |  |
| **Treating Practitioners:** | Dr Name, Role, Medical Practice, Address, Phone Number.  Dr Name, Role, Medical Practice, Address, Phone Number. |

# EMPLOYMENT DETAILS

|  |  |
| --- | --- |
| **Commencement Date:** | DD Month Year |
|  |  |
| **Position and/or Duties:** | The Claimant is/was employed as a Insert Role, a position he/she has held for xxxx/since xxxx.  The Claimant’s duties require her/him to detail duties |
|  |  |
| **Hours of Duty:** | The Claimant works xx hours a week, \_\_\_day to \_\_\_day from 00:00am/pm to 00:00am/pm.  The Claimant was entitled to a 00-minute break and a 00-minute lunch break. |
|  |  |
| **Wages:** | The Claimant stated on his/her claim form she/he received an hourly rate of $00.00, with gross weekly earnings of $0,000.00 |
|  |  |
| **Attendance Record:** | We were not advised of any attendance issues concerning the Claimant.  Or  The Employer advised that… |
|  |  |
| **Concurrent Employment:** | The Claimant did not have any concurrent employment whilst working for the Employer.  Or  The Claimant worked concurrently for… |
|  |  |
| **Training/Qualifications:** | We were not advised of any formal qualifications held by the Claimant.  Or  Detail qualifications. |
|  |  |
| **Warning notices/ performance issues:** | We were not advised of any warning notices or performance issues in relation to the Claimant.  Or  The Employer advised that… |
|  |  |
| **Prior Claims:** | The Claimant stated they have/have not made a prior workers compensation claim. (Insert Details of previous claim). We respectfully suggest the ACCTION Database be viewed to verify this. |
|  |  |
| **Light/Alternate Duties:** | The Claimant did not undertake any light or alternative duties in regard to the alleged injury.  Or  The Claimant undertook light duties from xxxx until xxxx. Light duties consisted of …. |
|  |  |
| **Prior Employment:** | The Claimant was previously employed as a insert role for insert company, for insert length months/years. Prior to this she was employed as a insert role for insert company, for insert length months/years. |

# CIRCUMSTANCES

# PHOTOGRAPHS

We obtained photographs of the scene/equipment/materials used by the Claimant. These are attached in our photographic summary.

Or

Due to the nature of the claim no photographs were required.

Due to current Covid-19 health restrictions we were unable to attend site to obtain photographs in this matter. However, the Employer has provided extensive procedure manuals, including instructional photographs regarding duties performed by the Claimant, which are attached to this report.

# Additional Enquiries

No further enquiries are apparent at this time.

Or

Detail further enquiries.

Due to current Covid Restrictions requiring us to conduct interviews with the Employer remotely, we are awaiting return of signed copies of their statements. No further enquiries are apparent at this time.

# Attachments

|  |  |
| --- | --- |
| **Statements:** | * First Name Last Name * First Name Last Name * First Name Last Name |
|  |  |
| **Documentation:** |  |
|  |  |

# QUALIFICATIONS

The comments made herein are based on information obtained during the conduct of our investigation. We make no representations as to the accuracy of material obtained from third parties, nor do we purport to advise you on liability or the future conduct of this matter. In all respects we defer to your qualified judgement and that of legal advisers.

Yours faithfully,



**James Williams**

**Proof Integrity Solutions**

Agent’s Initials: JW

Inquiry Agent Licence No: 807-075-50S

Expiry Date: 17/11/2025