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Lena Muscat
Les Elias

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FW:

Robert Pappalardo

Sent: Tuesday, 9 June 2020 9:35 AM
To: David Berlusconi; Lena Muscat
Attachments: doc03472820200609092623.pdf (158 KB)

Good morning,

Attached is a claim for Avinesh Lal. He was involved in a car accident in his own vehicle travelling from work to home. David, please advise next step.

Lena, I have listed Avinesh as unpaid on the time sheets until this is resolved.

Regards,

Rob....

-----Original Message-----
From: pd@aag.com.au [mailto:pd@aag.com.au]
Sent: Tuesday, 9 June 2020 9:26 AM
To: Robert Pappalardo
Subject:

Scan from AAG
Pre Delivery Dept.

Connected to Microsoft Exchange

Certificate of capacity/ certificate of fitness

For use with workers compensation and Compulsory Third Party (CTP) motor accident injury claims.

NSW GOVERNMENT | State Insurance Regulatory Authority

CTP

For CTP claims: 'Certificate of fitness' means 'certificate of fitness for work'. This certificate should be completed whether the person was employed at the time of the accident or not.

X Tick if this is the initial certificate for this claim.

Section 1: To be completed by the injured person or treating medical practitioner

First name: **Avinesh**

Last name: **Lal**

Date of birth (DD/MM/YYYY): **13/07/1980**

Telephone number: **0402 640 726**

Address (must be residential address – not PO Box): **Unit 3/15 George Street**

Suburb: **Liverpool**

State: **NSW**

Postcode: **2170**

Claim number:

Medicare number: **2604348435-1**

Occupation/job title: **Accessory Fitter**

Employer's name and contact details (if applicable): **AAG Pty Ltd Tel: 02 9332 8300**

Injured person's consent

I consent to my treating medical practitioner, my employer (optional for CTP claims), the insurer, other medical practitioners or health related practitioners (whether consulting, treating or examining), workplace rehabilitation providers and SIRA exchanging information for the purpose of managing my injury and workers compensation/motor accident injury claim.

I understand this information will be used by SIRA and insurers to fulfill their functions under the motor accident insurance and workers compensation legislation.

Signature

Date (DD/MM/YYYY): 07/06/2020

Section 2: To be completed by treating medical practitioner

Medical certification Diagnosis of work related injury/disease or motor accident related injury(ies)

Whiplash injury of the cervical spine

Exacerbation of pre-existing lower back pain

Person's stated date of injury/accident (DD/MM/YYYY)

25/05/2020

Shaded areas to be completed for initial certificate only

Person was first seen at this practice/hospital for this injury on (DD/MM/YYYY)

25/05/2020

Injury is consistent with person's description of cause

Yes

How is the injury related to work or the motor vehicle accident?

Hit from behind in a multi-vehicle accident, while sitting in the driver's seat of a stationary car.

Detail any pre-existing factors which may be relevant to this condition or injury(ies)

Past history of chronic low back pain

Management plan for this period
Treatment/medication type and duration

Physiotherapy (Eight sessions)
Panadeine forte 1-2 TDS PRN

Referral to another health service or rehabilitation provider (include details of provider type and service requested, duration and frequency when relevant)

Physiotherapist
Activ Therapy
Shop 198 Westfield Shoppingtown
Liverpool 2170

Capacity for activities – If the person has capacity for pre-injury work this section does not need to be completed. For all others please consider activities of daily living currently being performed.

Lifting/carrying capacity

Sitting tolerance

Standing tolerance

Pushing/pulling ability

Bending/twisting/squatting ability

Driving ability

Other (please specify) eg psychological considerations, keep wound clean and dry

Next review date (DD/MM/YYYY) **28/06/2020** (if greater than 28 days, please provide clinical reasoning)

Comments

Fit only for driving,
pre-deilvery tasks and car
fuelling until further review.

Capacity for work (please consider the health benefits of good work when completing this section).

Where the word 'capacity' appears below it should be read as 'fitness for work' when the certificate is completed in a motor accident injury claim.

Do you require a copy of the position description/work duties? **No**

	Date (DD/MM/YYYY)					
is fit for pre-injury work from						
has capacity for some type of work from	08/06/2020	to	28/06/2020	for 4 hours/day	5 days/week	
has no current capacity		to				

If no current capacity for work, estimated time to return to any type of employment:

Two weeks

Factors affecting recovery

Persistent spinal pain

Treating medical practitioner details

I certify that I am the treating medical practitioner and I have examined this person. The information and medical opinions contained in this certificate are, to the best of my knowledge, true and correct.

Signature

Date (DD/MM/YYYY) 07/06/2020

Name: **Dr. Soheyl Samimi Darzikolahi**

Address:

MyHealth Medical Centre
Shop 198 Westfield Shoppingtown

Dr Soheyl Samimi Darzikolahi
Provider: 238071CH
Myhealth Medical Centre
Shop 198, Liverpool Westfield
Cnr George & Elizabeth Streets
Liverpool NSW 2170
Ph: 9821 1533 Fax: 9821 1599

Suburb	State	Postcode
Liverpool	NSW	2170

Telephone number	Provider number
02 9821 1533	238071CH

I agree to be the nominated treating doctor for the ongoing management of this person's injury, treatment and recovery at/return to work (tick if you consent).

Section 3: Employment declaration (not to be completed by the treating medical practitioner)

This section is to be completed by the person prior to sending to the insurer (or employer).

First name	Last name
Avinesh	Lal

I have not

engaged in any form of paid employment, self employment or voluntary work for which I have received or am entitled to receive payment in money or otherwise since the last certificate was provided, that I have not yet declared to the insurer.

If so, please provide details below.

I declare that the details I have given on this declaration are true and correct, knowing that false declarations are punishable by law.

Signature

Date (DD/MM/YYYY) 07/06/2020

NSW GOVERNMENT | State Insurance Regulatory Authority