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MOTOR VEHICLE INSURANCE DECLARATION

### 07/12/2019

# Nomination of Preferred Health Safety and Rehabilitation Provider

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Client Contact Details | | | | |
| Client Name Google | | | | |
| License Proprietory | | | | |
| Workers’ Compensation Insurer and Policy Number/s: | | | | |
| JLT 123 | | | | |
| Address | | | | |
| 12, Times Square, New York, USA | | | | |
| Telephone | Mobile | | Fax | |
| 123456 | 0237 010 946 | | 3211 1234 | |
| Email Address | | | | |
| client@client.com | | | | |
| **To Whom It May Concern,**  Please be formally advised that the below named organisation is hereby appointing The DDDDDD Group Pty Ltd to act as our preferred Health, Safety and Rehabilitation Provider in Australia.  At all times, strict confidentiality will be maintained in accordance with State and Federal regulations. | | | | |
| **Organisation name** | | | | |
| Google | | | | |
| **Signed and request by** | | | | |
| Signature | | | | |
|  | | | | |
| Name & Position | | | | Date |
| Rohan | | | |  |
|  | | | | |
| **THE Australia Health Care Pty Ltd GROUP** | | | | |
| Signature | | **Level 37**  **xxxxxxxx**  **Sydney NSW 2000**  **Tel: 9999999999**  **Fax: 8888888888**  [**feedback@abc.com.au**](footnotes.xml)  [**www.abc.com.au**](endnotes.xml)  **ABN: 11 111 111 111** | | |



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