

Unvalidated References:

Workers' Compensation Act 1978

Employment Act 1978

District Courts Act 1963

District Courts Act 1963

This reprint of this Statutory Instrument incorporates all amendments, if any, made before 25 November 2006 and in force at 1 July 2001.

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Legislative Counsel
Dated 25 November 2006

INDEPENDENT STATE OF PAPUA NEW GUINEA.

Chapter 179.

Workers' Compensation Regulation 1983

ARRANGEMENT OF SECTIONS.

PART I – PRELIMINARY.

1. Discretion as to forms, etc.
2. Application in general form.
3. Completion of form.

PART II – ADMINISTRATION.

4. Form, etc., of seal.
5. Form of register.
6. Method of numbering, etc.

PART III – PROCEDURE.

7. Application for compensation.
8. Copy to be served, etc.
9. Fixing of time, etc., for hearing.
10. Amendment of application, etc.
11. Application by dependants.
12. Notice of injury.
13. Award to be signed, etc.
14. Certificate.
15. Application for order.
16. Records of proceedings.
17. Rescission, etc., of order, etc., by tribunal.
18. Form of authorization.
19. Claim by employer against third party.
20. Failure of third party to appear.
21. Directions of tribunal.
22. Tribunal may decide costs, etc.
23. Transfer of rights.
24. Notice to employer.
25. Application for award by consent.
26. Application to discontinue, etc., weekly payments.
27. Application where worker no longer resident.
28. Application for payment into Office.
29. Application for payment of lump sum.
30. Application for payment out of Fund.
31. Admission of liability.
32. Appeals.

PART IV – MISCELLANEOUS.

33. Medical examination.
34. Conditions of search.
35. Service.
36. Costs.
37. Fees.

SCHEDULE 1

Workers' Compensation Regulation 1983

MADE under the *Workers' Compensation Act 1978*.

Dated 200 .

PART I. – PRELIMINARY.

1. DISCRETION AS TO FORMS, ETC.

(1) Proceedings under the Act shall not fail for want of form, defect, error or omission unless in the opinion of a tribunal, a party to it has been affected prejudicially.

(2) Where a party has been affected prejudicially due to want of form, defect, error or omission, a tribunal shall make such order, including an order as to costs, as may be necessary to effect substantial justice.

2. APPLICATION IN GENERAL FORM.

Where a matter or thing is not specifically provided for under the Act, application may be made to the Registrar in Form 1 for direction appropriate to the matter or thing.

3. COMPLETION OF FORM.

Where a party to a proceeding is incapacitated or unable to complete a form required under the Act, it may be completed on his behalf by–

- (a) his agent; or
- (b) an officer; or
- (c) a Deputy Registrar; or
- (d) a labour officer appointed under the *Employment Act 1978*.

PART II. – ADMINISTRATION.

4. FORM, ETC., OF SEAL.

(1) The seal of the Office shall bear the crest of Papua New Guinea with the words “Office of Workers’ Compensation” above and the words “Papua New Guinea” below it.

(2) The seal of the Office shall be in the custody of the Registrar, who shall affix it to all awards and orders of a tribunal.

(3) All courts, Judges and persons acting judicially shall take judicial notice of the seal of the Office affixed to a document and shall presume that it was duly affixed.

5. FORM OF REGISTER.

For the purposes of Section 12 of the Act, the register shall be in Form 2.

6. METHOD OF NUMBERING, ETC.

(1) The Registrar shall mark with an identifying number the first document lodged with him by an applicant, and any document lodged subsequently by any party in relation to the application shall be marked with the same number by the party lodging it.

(2) The Registrar may refuse to receive any document that is not marked with the number referred to in Subsection (1).

(3) The Registrar shall file under their respective numbers and keep separate the records of all applications under the Act.

PART III. – PROCEDURE.

7. APPLICATION FOR COMPENSATION.

(1) For the purposes of this section, “dependant” includes and extends to a person who claims, or may be entitled to claim to be a dependant, but as to whose claim to rank as a dependant any question arises.

(2) An application for compensation made by or on behalf of–

(a) a worker not in receipt of weekly payments under Section 36 of the Act, shall be in Form 3; and

(b) a dependant, shall be in Form 4.

(3) An application for funeral expenses and for medical expenses for a deceased worker who leaves no dependants shall be in Form 5.

(4) An application under this section shall be lodged in duplicate with the Registrar.

8. COPY TO BE SERVED, ETC.

(1) The Registrar shall cause to be served on the employer named in the application–

(a) a copy of the application for compensation referred to in Section 7; and

(b) a notice in Form 6 informing the employer that he must, within one month after service of the notice, or within such further period as the Chief Commissioner on special request allows, lodge with the Registrar a written answer.

(2) The answer referred to in Subsection (1)(b)–

(a) shall be in Form 7; and

(b) shall contain a concise statement of the extent and grounds of the employer’s opposition to the claim; and

(c) shall be lodged for filing together with sufficient copies for each other party to the proceeding.

(3) The Registrar shall, as soon as practicable after receiving the copies referred to in Subsection (2)(c) cause them to be served on the parties to the proceedings.

(4) Where the employer–

(a) fails to comply with Subsection (2); or

(b) fails to appear at a time and place fixed under Section 9,

a tribunal may make such an award as it thinks fit.

9. FIXING OF TIME, ETC., FOR HEARING.

(1) Where a matter is referred to a tribunal, a Chief Commissioner, a Commissioner, the Registrar or a person or court under a delegated power, that body, person or Clerk of the Court may, of his own motion, fix a time and place for the hearing.

(2) A notice of hearing under Subsection (1)–

(a) shall be in Form 8; and

(b) shall be served on the parties to the hearing at least 14 days before the date of hearing, unless the parties agree to an earlier hearing.

(3) A summons to a witness to attend a hearing shall be in Form 9.

10. AMENDMENT OF APPLICATION, ETC.

(1) Where–

(a) an applicant wishes to amend his application or any particulars submitted with it; or

(b) an employer wishes to amend his answer to an application,

the person making the amendment shall promptly lodge with the Registrar a written notice of the amendment.

(2) The Registrar shall, on receipt of an amendment under Subsection (1), serve a copy of it on any other party to the proceedings.

11. APPLICATION BY DEPENDANTS.

(1) In any proceedings in which the amount payable as compensation has been agreed on or ascertained, and a question arises as to–

(a) who is a dependant; or

(b) the amount payable to each dependant,

an application for determination of the question by a tribunal may be made by a lawyer or agent on behalf of a dependant.

(2) Where an application is made under Subsection (1)–

(a) if the employer has paid the agreed or ascertained amount of compensation—it is not necessary for him to attend the hearing of a tribunal as a party to the dispute; or

(b) if the employer has not paid in full the agreed or ascertained amount of compensation—he shall be a party to the dispute.

(3) Where the employer is a party to a dispute, he may pay the amount of compensation in his hands into the custody of the Office to be dealt with as the tribunal directs.

(4) Where the employer pays the compensation into the custody of the Office under Subsection (3), he ceases to be a party to the dispute.

12. NOTICE OF INJURY.

(1) A notice of injury under Section 41 of the Act shall be in Form 10.

(2) A notice under Section 42 of the Act in respect of—

(a) total or partial incapacity of a worker shall be in Form 11; and

(b) the death of a worker shall be in Form 12.

(3) A notice referred to in this section—

(a) shall be submitted to the Registrar in duplicate; and

(b) is not an admission of liability; and

(c) shall not be used as evidence in any proceedings under the Act.

13. AWARD TO BE SIGNED, ETC.

(1) An award of a tribunal shall be—

(a) signed by the Chairman of the tribunal; and

(b) sealed in accordance with Section 4; and

(c) filed with the Registrar.

(2) A person in whose favour an award or order has been made by a tribunal may file or cause to be filed a certificate issued under Section 30 of the Act in the District Court having jurisdiction in the province where the employer or third party, as the case may be, resides.

(3) Where a certificate is filed under Subsection (2), the Clerk of the Court shall enter judgement for the person for the sum of the certificate.

(4) A judgement entered under Subsection (3) shall be subject to the *District Courts Act 1963* and shall be enforceable and be regarded for all purposes as a judgement of the District Court.

14. CERTIFICATE.

A certificate to be issued by the Registrar under Section 30 of the Act shall be in Form 13.

15. APPLICATION FOR ORDER.

An application under Section 36(3) of the Act shall be in Form 14.

16. RECORDS OF PROCEEDINGS.

(1) A member of a tribunal, the Chief Commissioner, a Commissioner, the Registrar, a person or court under a delegated power shall cause to be kept a sufficient record of proceedings before it or him, as the case may be, including:—

- (a) a record of the parties appearing or represented; and
- (b) the submissions (if any) made by each party and the reasons (if any) stated in support of the submissions; and
- (c) the decision or recommendation made in the proceedings.

(2) The record of the proceedings prescribed under Subsection (1), together with all other documents in connection with the proceedings, shall be forwarded by the party causing them to be kept, as soon as practicable after the conclusion of the proceedings, to the Registrar.

17. RESCISSION, ETC., OF ORDER, ETC., BY TRIBUNAL.

(1) Where a tribunal is satisfied that—

- (a) an award, order, decision or determination made by a tribunal as to the application of an amount awarded or agreed on as compensation,
 - (i) has been obtained by fraud or other improper means; or
 - (ii) should be set aside or varied for any other sufficient reason; or
- (b) any person who is not in fact a dependant as defined in the Act has been included in any award, order, decision or determination as a dependant; or
- (c) any person who in fact is a dependant as defined in the Act, has been omitted from any award, order, decision or determination,

the tribunal may rescind, alter or amend any award, order, decision or determination previously made, and may make an order including an order as to any sum already paid under an award, order, decision or determination as under the circumstances it thinks just.

(2) An application to rescind, alter or amend an award, order, decision or determination under this section shall be in Form 1.

(3) An application to rescind or alter an award, order, decision or determination under this section shall not be made after the expiration of six months after the date of the award, order, decision or determination except, subject to Subsection (4) by leave of the Chief Commissioner.

(4) Leave of the Chief Commissioner under Subsection (3) shall not be granted unless he is satisfied that the failure to make the application within the period specified in that subsection was due to mistake, absence or any other reasonable cause.

18. FORM OF AUTHORIZATION.

(1) Authorization for a person to act as agent for a party to any proceedings before a tribunal shall be in Form 15, and a copy of the authorization shall be lodged with the Registrar.

(2) An authorization referred to in Subsection (1) shall be witnessed by a Commissioner for Oaths, a Town Clerk or an officer of the Public Service.

19. CLAIM BY EMPLOYER AGAINST THIRD PARTY.

(1) Where an employer claims to be entitled under Section 59 of the Act to indemnity against a person who is not a party to the proceedings (in this section called the "third party"), he shall, not less than seven days before the day appointed for the proceedings, or such further time as the tribunal allows, file with the Registrar a notice in duplicate of his claim in Form 12.

(2) The Registrar shall cause to be delivered to the third party—

- (a) a copy of the notice referred to in Subsection (1); and
- (b) a copy of the application for compensation referred to in Section 7; and
- (c) a copy of the notice referred to in Section 24 that has been served on the employer.

20. FAILURE OF THIRD PARTY TO APPEAR.

(1) Where the third party referred to in Section 19, having been duly served with the documents in accordance with that section, fails to appear before the tribunal on the date appointed for proceeding with the application, or on any subsequent date appointed by the tribunal for the purposes of this section, of which due notice has been given to him in accordance with the notice fixing the date for hearing, he shall be deemed to admit—

- (a) the validity of any determination for compensation in the proceeding, whether by consent or otherwise; and
- (b) his liability to indemnify the respondent to the extent claimed in Section 19,

and the tribunal may make such determination as it thinks fit in favour of the employer against the third party.

(2) A tribunal may set aside or vary an award made against a third party under this section on such terms as it thinks just.

21. DIRECTIONS OF TRIBUNAL.

(1) The employer of the third party referred to in Section 19 may, at any time prior to the determination of the proceedings to which the notice referred to in Section 7 relates, apply to the tribunal for directions.

(2) On an application for directions under Subsection (1), the tribunal may—

- (a) order any question, as to the liability of the third party to make the indemnity claimed, to be determined before, at or after the determination of the proceedings to which the claim relates; or
- (b) give the third party leave to—
 - (i) resist the applicant's claim; or
 - (ii) appear and take part in the proceedings relating to the claim; or
- (c) give directions as to the mode or extent to which the third party shall be bound or made liable by the determination in the proceedings; or
- (d) give any further or other directions as it thinks fit.

22. TRIBUNAL MAY DECIDE COSTS, ETC.

Subject to Section 36, a tribunal may decide all questions of costs as between a third party and other parties to any proceedings or give such directions as to costs as it thinks fit.

23. TRANSFER OF RIGHTS.

Where, under Section 61 of the Act, the rights of an employer against an insurer under a contract between the employer and the insurer in respect of any right, remedy or liability under the Act to a worker are transferred and vested in the insurer, the following provisions apply:—

- (a) where a worker is, or claims to be, entitled to compensation from an employer to whom Section 61 of the Act applies, and he is unable to ascertain that the employer has entered into a contract in respect of his liability with an insurer—
 - (i) the worker may apply to the Chief Commissioner by affidavit setting out the facts on which he makes application for an examination of the employer by a tribunal; and
 - (ii) the tribunal may make such order as necessary in the circumstances to procure the attendance and examination of the employer; and
- (b) the provisions of the Act as to settlement of matters in dispute shall, with the necessary modifications, apply to the settlement as between the worker and the insurer of any question—
 - (i) as to the liability of the insurer to the worker, or the amount of his liability; and
 - (ii) that would, under the Act, be the subject of proceedings between the worker and the employer if the rights, remedies and liabilities of the employer had not been transferred to the insurer.

24. NOTICE TO EMPLOYER.

(1) The notice by a worker under Section 67(3) of the Act shall be submitted to the Registrar in Form 17.

(2) The Registrar shall endorse on the notice referred to in Subsection (1), his approval or rejection of it, and shall cause a copy to be forwarded to the employer and the worker.

25. APPLICATION FOR AWARD BY CONSENT.

An application for an award by consent of the parties under Section 74 of the Act shall be in Form 18.

26. APPLICATION TO DISCONTINUE, ETC., WEEKLY PAYMENTS.

(1) An application under Section 76 of the Act—

(a) to the Registrar for consent—shall be in Form 19; and

(b) to the Chief Commissioner for an order by a tribunal—shall be in Form 20.

(2) An application by a worker under Section 76(4) of the Act shall be in Form 21.

27. APPLICATION WHERE WORKER NO LONGER RESIDENT.

An application by a worker ceasing to reside in the country for continuance of weekly payments under Section 77 of the Act shall be in Form 22.

28. APPLICATION FOR PAYMENT INTO OFFICE.

An application for payment into the Office under Section 80 of the Act shall be in Form 23.

29. APPLICATION FOR PAYMENT OF LUMP SUM.

An application for redemption of weekly payments by payments of a lump sum under Section 81 of the Act shall be in Form 24.

30. APPLICATION FOR PAYMENT OUT OF FUND.

(1) An application for payment out of the Fund under Section 82 of the Act shall be in Form 25.

(2) On receipt of the application referred to in Subsection (1), the Registrar shall—

(a) make enquiries and obtain information that may be necessary, or as directed by the Chief Commissioner; and

(b) report to—

- (i) a tribunal; and
- (ii) the Insurance Commissioner,

on all matters relevant to the application.

(3) The Registrar shall notify—

- (a) the applicant; and
- (b) the employer; and
- (c) the Insurance Commissioner; and
- (d) if it appears proper to do so—an insurer,

of the time and place fixed for the hearing of the application by a tribunal.

(4) The Registrar may appear at the hearing of an application under Subsection (1) and may assist the tribunal by placing before it any information relative to the application, and may summon any witness that he thinks fit or as directed by the tribunal.

31. ADMISSION OF LIABILITY.

Subject to any answer filed in accordance with this Regulation—

- (a) the applicant's particulars; and
- (b) in the case of a claim for compensation—the liability of the employer to pay compensation under the Act,

shall, unless a tribunal otherwise orders, be taken to be admitted.

32. APPEALS.

(1) Where an appeal under Section 49 of the Act has been decided, the order of the National Court or a certified copy of it shall be deposited with the Registrar, who shall file it.

(2) An order under Subsection (1) shall have the same effect as a decision of a tribunal.

PART IV. – MISCELLANEOUS.

33. MEDICAL EXAMINATION.

(1) Where a worker is required under Section 46 of the Act to submit himself for examination by a medical practitioner, the examination shall be made during normal consulting hours of the practitioner, unless another time is agreed to by the worker.

(2) Where a worker is in receipt of weekly payments under the Act, he shall not be required–

- (a) after one month from the date of the first payment of compensation; or
- (b) where payment is made under an order or award of a tribunal, after the date of the order or award,

to submit himself against his will for examination by a medical practitioner at intervals more frequent than once weekly during the second month and once fortnightly during each subsequent month after the date of the first payment or date of the order or award, as the case may be.

34. CONDITIONS OF SEARCH.

A person shall not, without the prior permission of the Registrar, be permitted to search the proceedings in any matter unless he is a party to the proceedings or bound by them or in the opinion of the Registrar, is liable to be bound by them.

35. SERVICE.

Except where specifically provided for otherwise, every notice required by the Act shall be given–

- (a) by delivering it; or
- (b) by prepaid registered post,

to the last known residence or place of business or employment of the person to whom it is given.

36. COSTS.

The provisions of the *District Courts Act 1963* relating to costs in civil claims apply to and in relation to proceedings under the Act.

37. FEES.

There shall not be any fees for proceedings under the Act.

SCHEDULE 1

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 1 – Application in the General Form.

Sec. 2, 17(2)

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

APPLICATION IN THE GENERAL FORM.

The Registrar,

Office of Workers' Compensation.

Application is made by *(full name of applicant)* of *(address)* against *(full name of person against whom application is made)* of *(address)*.

The circumstances in which the application is made are shortly as follows (*state circumstances briefly*):—

The relief or order which the applicant claims is shortly as follows:—

Dated . . . 20... (*Signature of Applicant.*)

NOTE:

This application may be made by the applicant, his lawyer or other agent.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 2 – Register of Workers' Compensation Claims.

Sec. 5.

Date claim lodged.	Nature of application .	Names and addresses of parties, their respective lawyers or agents.			Name of employer's insurer.	Date of hearing .	Order made.	Remarks.
		Worker.	Employer.	Names of dependants if worker deceased.				

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 3 – Application for Compensation. (Personal injury).

Sec. 7(2)(a).

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

APPLICATION FOR COMPENSATION.

(For use in respect of personal injury.)

The Registrar,

Office of Workers' Compensation.

1. On . . . 20..., personal injury arising out of or in the course of his employment was caused to the abovenamed worker.

2. Application is made under the *Workers' Compensation Act* for a determination by a tribunal in respect of compensation payable, as provided by that Act, as a consequence of personal injury in accordance with the particulars set out below.

Dated . . . 20...

(Signature of Applicant.)

NOTES:

- (1) The application may be signed by a Deputy Registrar, the injured worker, the lawyer or other agent for a dependant.
- (2) The original and two copies are to be submitted to the Registrar.

PARTICULARS TO BE SUPPLIED WHERE KNOWN.

PART A.—Details of Worker.

1. Occupation:
2. Average weekly earnings: K
3. Date of birth, sex and marital status:
4. Name and address of spouse:
5. Name address and age of children:
6. Average weekly amount which the worker is earning or able to earn in a suitable employment during period of incapacity:
7. Payment of allowance or benefit received from employer during period of incapacity:

PART B.—Details of Employer.

1. Place and nature of business:
2. Full name, place and nature of any party who is a contractor with the employer and under whom the worker was employed:
3. Details of place at which worker was employed at the time of injury, the nature of the work on which he was then engaged or other relevant circumstances under Section 54 of the Act and the cause of the injury (*in the case of injury to a seaman include the name of the ship, its owner and port of registry*):
4. If injury is a disease contracted by a gradual process, names and addresses of all other employers by whom the worker was employed during the three years

preceding the day on which the worker became totally or partially incapacitated by reason of his injury:

PART C.—Details of Injury and Incapacity.

1. Details of the nature and extent of the injury sustained and the disabilities resulting from it:

2. Particulars of incapacity for work, whether total or partial and estimated duration of incapacity:

PART D.—Compensation Claimed.

1. Details of compensation claimed (*include medical expenses*):

PART E.—Insurer.

1. Name and address of insurer:

PART F.—Details of Applicant.

1. Name and address of person making application:

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 4 – Application for Compensation. (Death of worker.)

Sec. 7(2)(b).

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of (address), a worker

AND

(full name of employer) of (address), the employer.

APPLICATION FOR COMPENSATION.

(For use in respect of death of worker.)

The Registrar,

Office of Workers' Compensation.

1. On . . . 20..., personal injury arising out of or in the course of his employment was caused to the abovenamed worker whose death resulted from or was materially contributed to by the injury.

2. Application is made under the *Workers' Compensation Act* for a determination by a tribunal in respect of the compensation payable and the settlement of questions as to who are dependants as provided by that Act, as a consequence of the personal injury in accordance with the particulars set out below.

Dated . . . 20...

(Signature of Applicant.)

NOTES:

(1) This application may be made by a Deputy Registrar, a dependant or dependants, or a lawyer or other agent for a dependant.

(2) The original and two copies are to be submitted to the Registrar.

PARTICULARS.

PART A.—Details of Deceased Worker.

1. Occupation of deceased worker prior to death:
2. Annual earnings at time of injury of deceased worker: K.
3. Date of birth, sex and marital status of deceased worker:
4. Place of origin (where applicable give village, district and province):
5. Date and place of death of deceased worker:
6. Details of any compensation benefits paid prior to death of worker:

PART B.—Details of Employment and Injury.

1. Place and nature of business of employer:
2. If applicable, full name, place and nature of any party who is a contractor with the employer and under whom the deceased worker was employed:
3. Details as to place at which deceased worker was employed at the time of the injury, the nature of the work on which he was then engaged or other relevant circumstances under Section 54 of the Act and the cause of the injury (in the case of injury to a seaman, include name of ship, its owner and port of registry):
4. If injury is a disease contracted by a gradual process, names and addresses of all other employers by whom the deceased worker was employed during the three years preceding the day on which the deceased worker was injured:

5. Details of the nature and extent of the injury sustained and the date the injury was sustained:

PART C.—Details of Dependents.

1. Name and address of spouse of deceased worker (if any):
2. Names, address and age of children of deceased worker:
3. Details of dependance of spouse and children of deceased worker:
4. Names and addresses of dependants, other than spouse and children, who were wholly dependant on the earnings of the deceased worker at the time of his death or who would but for the incapacity due to the injury have been so dependant:
5. Details of dependants including degree of dependance of any persons listed in Paragraph 4 of this Part:
6. Names and addresses of persons who by custom have a right to share in any compensation awarded (*a nominal dependant in accordance with Section 62(4) of the Act may be named but indication is to be given as to numbers and relationship of such customary dependants and a separate sheet or sheets may be used and attached for this purpose*):

PART D.—Compensation Claimed.

1. State compensation being claimed:
2. Give details of any medical expenses being claimed:
3. Give details of any funeral expenses being claimed:

PART E.—Insurer.

1. Name and address of insurer:

PART F.—Details of Applicant.

1. Name and address of person making application:
2. Person or persons for whom the application is made:

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

**Form 5 – Application for Funeral and Medical Expenses where
Deceased Worker leaves no Dependants.**

Sec. 7(3).

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of (address), a deceased worker

AND

(full name of employer) of (address), the employer.

**APPLICATION FOR FUNERAL AND MEDICAL EXPENSES WHERE
DECEASED WORKER LEAVES NO DEPENDANTS.**

The Registrar,

Office of Workers' Compensation.

1. On . . . 20..., personal injury arising out of his employment was caused to the abovesaid worker whose death resulted from, or was materially contributed to by, the injury.
2. The deceased worker left no dependants within the meaning of the Act.
3. A question has arisen as to (specify concisely the question or questions).
4. Application is made for a determination by a tribunal in respect of the settlement of the question.
5. Particulars are annexed.

Dated . . . 20...

(Signature of Applicant.)

NOTE:

This application may be signed by the applicant, his lawyer or other agent.

PARTICULARS.

1. Nature of employment of deceased at time of accident and whether employed by the abovesaid employer or under a contract with him (name and address of contractor (if any) to be stated):
2. Date and place of accident, nature of work on which deceased was then engaged and the nature of the accident and the cause of injury:
3. Nature of the injury to deceased and date of death:
4. Name and address of applicant:
5. Character in which applicant applies for a tribunal:
6. Particulars as to any other persons who claim that expenses in respect of which compensation is payable are due to them.
7. Particulars of amount claimed as compensation and the manner in which the applicant desires such amount to be apportioned and applied.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 6 – Notice to Employer as to Application for Compensation.

Sec. 8(1)(b).

Registrar No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

NOTICE TO EMPLOYER AS TO APPLICATION FOR COMPENSATION.

TAKE NOTICE that, if you intend to oppose the application, of which a copy is served with this notice, you must lodge with me, within one calendar month after the service, a written answer to it containing a concise statement of the extent and grounds of your opposition.

AND FURTHER TAKE NOTICE that in default of your lodging with me, within the time specified, a written answer as required a tribunal may make such an award as it deems just and expedient.

Dated . . . 20...

Registrar.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 7 – Employer's Answer to Application for Compensation.

Sec. 8(2).

Registrar No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

EMPLOYER'S ANSWER TO APPLICATION FOR COMPENSATION.

The Registrar,
Office of Workers' Compensation.

The employer intends to oppose the application for compensation.

The following is a concise statement of the extent and grounds of his opposition:—

Dated . . . 20. . . .

(Signature of Employer.)

Place:

NOTE:

The answer may be signed by the employer, his lawyer or other agent.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 8 – Notice of Fixing Time and Place for Hearing.

Sec. 9(2).

Registrar No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(name of employer) of *(address)* the employer.

NOTICE OF FIXING TIME AND PLACE FOR HEARING.

Issued to State Tribunal, Chief Commissioner, Registrar or Court as applicable.

TAKE NOTICE that at *(place of hearing)* at . . . a.m./p.m. on . . . 20..., or as soon after as the matter may be heard, in the matter of *(nature of matter)* in relation to the above named worker and employer will proceed to commence hearings.

Dated . . . 20...

(Signature and authority.)

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 9 – Summons to Witness.

Sec. 9(3).

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of (address), a worker

AND

(full name of employer) of (address), the employer.

SUMMONS TO WITNESS.

To (full name) of (address).

YOU ARE SUMMONSED TO ATTEND BEFORE the Tribunal/Chief Commissioner/Commissioner/Registrar/Court* at (place of hearing) at . . . a.m./p.m. on . . . 20..., and from day to day until the hearing into the matter of (nature of matter) in relation to the abovenamed worker and employer is completed, or until you are excused from further attendance, to give evidence in relation to the subject matter of these proceedings.

You are required to bring with you and produce the following books, documents and things (state books, etc., as required):—

Dated . . . 20...

(Signature and title of person issuing summons.)

* Strike out whichever is inapplicable.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 10 – Notice to Employer of injury by or on behalf of Worker.

Sec. 12(1).

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

NOTICE TO EMPLOYER OF INJURY BY OR ON BEHALF OF WORKER.

Notice is given that on . . . 20..., the abovenamed worker was injured at . . . and the injury resulted in partial incapacity/total incapacity/death*. The cause of the injury was:—

And notice is given that in consequence of the injury compensation is being claimed.

Dated . . . 20...

(Signature and address of person giving notice.)

* Strike out whichever is inapplicable.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 11 – Notice by Employer of Injury to Worker.

Sec. 12(2)(a).

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

NOTICE BY EMPLOYER OF INJURY TO WORKER.

The Registrar,
Office of Workers' Compensation.

TAKE NOTICE that on . . . 20..., personal injury possibly arising out of or in the course of his employment as a worker was caused to the abovenamed worker.

PARTICULARS.

PART A.—Personal Details of Worker.

1. Age, sex and marital status:
2. Place of origin (*where applicable state village, district and province*):
3. If injury is to finger or hand state whether left or right handed:

PART B.—Details of Employment.

1. Occupation:
2. The place of employment where injury occurred:
3. The nature of employment where injury occurred:
4. Average weekly wage (*see Sections 70 and 71 of the Act*): K.

PART C.—Details of Injury.

1. The nature and extent of injury:
2. Cause of injury (*if due to machinery state—*
(a) *type of machine; and*
(b) *part responsible; and*

PART D.—Details of Dependents.

1. Name of spouse:
2. Place of origin of spouse (*if applicable give village, district, and province*):
3. Names and ages of children:

PART E.—Other Employment Details. (*Complete where relevant.*)

1. Nature of business of employer:
2. Full name, place and nature of business of any party who is a contractor with the employer and under whom the worker was employed at time of injury:
3. If injury is a disease contracted by gradual process, names and addresses of all other employers by whom the worker was employed during the three years preceding the day of the injury:

PART F.—Details of Insurance.

1. Name of insurer:
2. Address of insurer:

PART G.—Weekly Payment.

1. The worker is being paid at a weekly rate of: K
2. An application for an order by a tribunal that Section 36(1) of the Act is not to apply/will not be made/is attached/is being submitted*.

Dated . . . 20..

(Signature of Employer or his Lawyer.)

*Strike out whichever is inapplicable.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

***Form 12 – Notice by Employer of an Injury to Worker Resulting in
Death.***

Sec. 12(2)(b).

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of (address), a worker

AND

(full name of employer) of (address), the employer.

NOTICE BY EMPLOYER OF AN INJURY TO WORKER RESULTING IN DEATH.

The Registrar,

Office of Workers' Compensation.

TAKE NOTICE that on . . . 20..., personal injury possibly arising out of or in the course of his employment as a worker was caused to the abovesaid worker and that death resulted from the injury or was contributed to by the injury.

PARTICULARS.

PART A.—Details of Deceased Worker.

1. Any other known names:
2. Age, sex and marital status:
3. Place of origin (*where applicable give village, district and province*):

PART B.—Details of Employment of Deceased Worker.

1. Occupation:
2. The place of employment where injury occurred:
3. The nature of employment where injury occurred:
4. Average weekly wage (*see Sections 70 and 71 of the Act*): K.

PART C.—Details of Injury.

1. Date of death:
2. Place of death:
3. The nature and extent of injury:
4. Cause of injury (*if injury due to machine, state—*
 - (a) *the type of machine; and*
 - (b) *part responsible; and*
 - (c) *source of power by which machine operated*):

PART D.—Details of Dependents.

1. Name of spouse:
2. Place of origin of spouse (*where applicable give village, district and province*):
3. Names and ages of children:
4. Names and place of origin of any other known dependants:

PART E.—Other Employment Details.

1. Nature of business of employer:
2. Full name, place and nature of business of any party who is a contractor with the employer and under whom the worker was employed:

3. If injury was a disease contracted by gradual process, names and addresses of all other employes by whom the worker was employed during the three years preceding the day on which the worker died from the injury:

PART F.—Details of insurance.

1. Name of insurer:

2. Address of insurer:

Dated . . . 20...

(Signature of Employer or his Lawyer.)

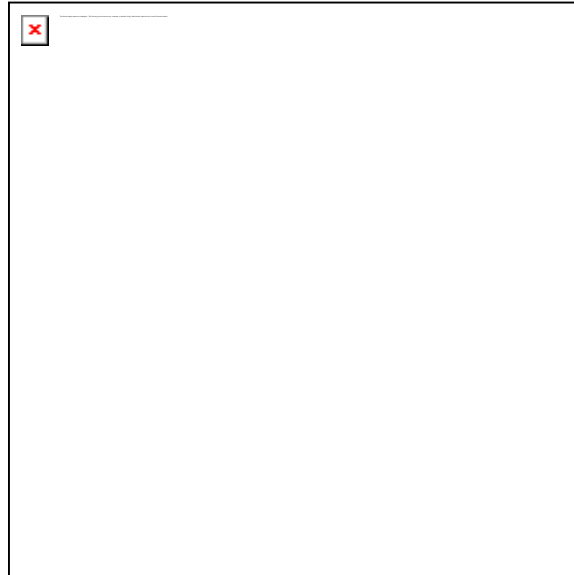
NOTE: Section 12(3) of the *Workers' Compensation Regulation* states that a notice under the section is not an admission of liability.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 13 – Certificate under Section 30 of the Act.

Sec. 14.



PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 14 – Application for an Order by a Tribunal that Section 36(1) of the Act is not to Apply.

Sec. 15.

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

**APPLICATION FOR AN ORDER BY A TRIBUNAL THAT SECTION 36(1)
OF THE ACT IS NOT TO APPLY.**

The Chief Commissioner,
Office of Workers' Compensation.

1. An application is made for an order by a tribunal that the requirement of the making of weekly payments under Section 36(1) of the Act is not to apply.
2. *(Specify the grounds on which the order is sought).*
3. Notice of injury in respect of the injury was lodged on . . . 20..., *(or is attached).*

Dated . . . 20...

(Signature of Employer.)

NOTE:

Application may be signed by the employer, his lawyer or other agent.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 15 – Appointment of Agent.

Sec. 18.

Register No. . . . 20..

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

APPOINTMENT OF AGENT.

I authorize . . . of . . . , whose signature appears below, to appear and act on my behalf in any proceedings connected with the *Workers' Compensation Act*.

Dated . . . 20..

(Witness.)

(Signature of Party.)

(Address.)

(Description.)

(Signature of Agent.)

NOTE:

This form must be witnessed by a Commissioner for Oaths, a Town Clerk or Officer of the Public Service of Papua New Guinea.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 16 – Third Party Notice.

Sec. 19.

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

THIRD PARTY NOTICE.

TAKE NOTICE that an application for compensation has been made, a copy of which is annexed, for the hearing and determination of a claim for compensation under the *Workers' Compensation Act*, in respect of the abovenamed worker and employer.

The employer claims to be indemnified by you against any liability on the part of the employer on the following grounds *(specify grounds relied on)*:—

Particulars are as follows *(specify concise particulars of facts and circumstances relied on as constituting the above grounds)*:—

AND FURTHER TAKE NOTICE that if you wish to dispute the claim for compensation or your liability as claimed in this notice, you must cause an answer to the claim to be filed on your behalf at the Office of Workers' Compensation within . . . days after the service of this notice on you.

IN DEFAULT of your so doing, you will be deemed to have admitted the validity of any determination for compensation made in the above proceeding, whether by consent, award or otherwise, and your liability as claimed in this notice, and an award may be made against you accordingly without further notice.

Dated . . . 20...

(Signature of Employer.)

NOTE:

This notice may be signed by the employer, his lawyer or other agent.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

***Form 17 – Notice by Employee Declining Assessment of Compensation
under Section 67(3) of the Act.***

Sec. 24.

Registrar No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

**NOTICE BY EMPLOYEE DECLINING ASSESSMENT OF COMPENSATION
UNDER SECTION 67(3) OF THE ACT.**

The Registrar,

Office of Workers' Compensation *(and)* *(name of employer)*.

1. Take notice that the abovesaid worker does not desire to have compensation assessed under Section 67(3) of the Act.
2. The approval of the Registrar in accordance with Section 67(3) of the Act is sought.

Dated . . . 20...

(Signature of Employee.)

Registrar.

Approved/Not approved.

NOTE:

- (1) This notice may be signed by the employee, his lawyer or other agent.
- (2) To be submitted in duplicate to the Registrar in the first instance.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 18 – Application for an Award by Consent.

Sec. 25.

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

APPLICATION FOR AN AWARD BY CONSENT.

The Chief Commissioner,
Office of Workers' Compensation.

Application is made for a consent award by a tribunal in respect of an agreement reached between the abovesaid worker and employer, particulars of the agreement are as follows:—

Dated . . . 20...

Signed by or on behalf of
the worker
In the presence of

Signed by or on behalf of
the employer
In the presence of

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 19 – Application to Discontinue or Diminish a Weekly Payment.

Sec. 26(1)(a).

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of (address), a worker

AND

(full name of employer) of (address), the employer.

APPLICATION TO DISCONTINUE OR DIMINISH A WEEKLY PAYMENT.

The Registrar,
Office of Workers' Compensation.

Application is made for your consent to discontinue/diminish* the weekly payment made to the above named worker. In support of this application the following particulars are appended:—

PARTICULARS.

- 1. Date of commencement of weekly payments:
- 2. Amount of current weekly payments:
- 3. Grounds on which discontinuance/diminution* is sought:
- 4. If diminution sought, amount suggested:
- 5. Facts or circumstances on which suggestion is based:

Dated . . . 20...

(Signature of Employer.)

* Strike out whichever is inapplicable.

NOTE:

The application may be made by the employer or his lawyer or other agent.

DECISION OF REGISTRAR.

I consent/decline to consent to the above application.

Registrar.

Dated . . . 20...

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

***Form 20 – Application for an Order by a Tribunal under Section 76(2)
of the Act.***

Sec. 26(1)(b).

Registrar No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

**APPLICATION FOR AN ORDER BY A TRIBUNAL UNDER SECTION 76(2)
OF THE ACT.**

The Chief Commissioner,
Office of Workers' Compensation.

Application is made for an order by a tribunal that weekly payments to the
abovenamed worker be discontinued/diminished/are not to be discontinued/are not to
be diminished*.

In support of this application the following particulars are appended:—

PARTICULARS.

1. Date the Registrar gave his consent or declined to consent:
2. Grounds on which an order is sought:

Dated . . . 20...

(Signature of Employer.)

OR

(Signature of Employee.)

* Strike out whichever is inapplicable.

NOTE:

This application may be signed by the employer, employee, his lawyer or agent.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 21 – Application by Worker for Review of Weekly Payment.

Sec. 26(2).

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

APPLICATION BY WORKER FOR REVIEW OF WEEKLY PAYMENT.

The Chief Commissioner,
Office of Workers' Compensation.

Application is made for a review by a Tribunal of weekly payments made to me, the abovesaid worker.

In support of this application the following particulars are appended:—

PARTICULARS.

1. Date of commencement of weekly payments:
2. Date of last review (if any):
3. Amount of current weekly payment:
4. Current place of abode:
5. Grounds on which the review is sought:

Dated . . . 20...

(Signature of Employee.)

NOTE: This application may be made by the employee, his lawyer or agent.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

***Form 22 – Application by a Worker Ceasing to Live in Papua New
Guinea for an Order by a Tribunal that He Continue
to Receive Weekly Payments.***

Sec. 27.

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

**APPLICATION BY A WORKER CEASING TO LIVE IN PAPUA NEW
GUINEA FOR AN ORDER BY A TRIBUNAL THAT HE CONTINUE TO
RECEIVE WEEKLY PAYMENTS.**

The Chief Commissioner,
Office of Workers' Compensation.

Application is made for an order by a tribunal that the abovesaid worker, who
intends ceasing to live in Papua New Guinea, continue to receive weekly payments
currently received under the Act.

In support of this application the following particulars are appended:—

PARTICULARS.

1. Date of intended departure from Papua New Guinea:
2. Intended address of worker:
3. Amount currently received as weekly payment:
4. Grounds on which an order is sought:

Dated . . . 20...

(Signature of Employee.)

NOTE:

This application may be signed by the employee, his lawyer or agent.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

Form 23 – Application for Payment into Office of Workers' Compensation.

Sec. 28.

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

APPLICATION FOR PAYMENT INTO OFFICE OF WORKERS' COMPENSATION.

The Chief Commissioner,
Office of Workers' Compensation.

Application is made for an order by a tribunal that weekly payment be paid to the abovenamed worker during his disability into the Office of Workers' Compensation.

In support of this application, the following particulars are appended:—

PARTICULARS.

- 1. Current rate of weekly payment:
- 2. Present capacity—
 - (a) totally disabled; or
 - (b) partially disabled:
- 3. If partially disabled, is worker fitted only for employment of a kind that is not reasonably available to him:
- 4. Particulars of spouse and children of worker at the time of application:
- 5. Grounds on which the approval is sought:

Dated . . . 20...

(Signature of Employer)

OR

(Signature of Employee.)

NOTE:

This application may be signed by the employer, employee, his lawyer or other agent.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

***Form 24 – Application for Lump Sum Payment in Redemption of Weekly
or Other Payments.***

Sec. 29.

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

APPLICATION FOR LUMP SUM PAYMENT IN REDEMPTION OF WEEKLY OR OTHER PAYMENTS.

The Chief Commissioner,
Office of Workers' Compensation.

Application is made for approval of a tribunal that the weekly payments made to the abovesaid worker be redeemed by the payment of a lump sum.

In support of this application the following particulars are appended:—

PARTICULARS.

1. Current rate of weekly payment:
2. Present capacity—
 - (a) totally disabled; or
 - (b) partially disabled:
3. If partially disabled, is worker fitted only for employment of a kind that is not reasonably available to him:
4. Particulars of spouse and children of worker at the time of application:
5. Grounds on which the approval is sought:

Dated . . . 20...

(Signature of Employer.)

OR

(Signature of Employee.)

NOTE: This application may be signed by the employer, employee, his lawyer or other agent.

PAPUA NEW GUINEA.

Workers' Compensation Act 1978.

***Form 25 – Application for an Order for Payment of Compensation from
the Workers' Compensation Fund.***

Sec. 30.

Register No. . . . 20...

IN RESPECT OF

(full name of worker) of *(address)*, a worker

AND

(full name of employer) of *(address)*, the employer.

APPLICATION FOR AN ORDER FOR PAYMENT OF COMPENSATION FROM THE WORKERS' COMPENSATION FUND.

The Chief Commissioner,
Office of Workers' Compensation.

Application is made for an order for the payment of compensation out of the Workers' Compensation Fund.

In support of this application the following particulars are appended:—

PARTICULARS.

1. On . . . 20..., personal injury was received by:
2. An award for compensation was made on . . . 20...
A copy of the award is attached.
3. The details of compensation awarded are *(state name of persons, relationship and amount ordered)*:
4. Compensation received is *(if no compensation received—state nil)*.
5. Inquiry has been made of . . . and it is evident that the liability of the employer under the *Workers' Compensation Act* is not covered by a policy of insurance or indemnity.
6. Name and address of person on behalf of whom this application is made:
7. Name and address of person making application if made on behalf of another person*.

Dated . . . 20...

(Signature of Applicant.)

* Strike out if inapplicable.

Workers' Compensation Regulation 1983