

ACCIDENT INSURANCE POLICY

Policy no. [REDACTED]  
Account no. [REDACTED]

Allied Home Improvements Pty Ltd  
Unit 5  
1463 Ipswich Road  
ROCKLEA QLD 4106

FULL PREMIUM  
pay by 17 September 2016



Billers Code: [REDACTED]  
Reference: [REDACTED]

©Registered to BPAY Pty Ltd ABN 69 079 137 518

Policy name: Allied Home Improvements Pty Ltd

PREMIUM SUMMARY

Premium for year ending 30 June 2017  
GST  
Stamp duty

Full premium  
pay by 17 September 2016

TOTAL PREMIUM

If you cease to employ workers and wish to cancel your policy, please visit [worksafe.qld.gov.au](http://worksafe.qld.gov.au) or call us on 1300 362 128.

This document will be a tax invoice/adjustment note for GST when you make a payment. Workers' Compensation and Rehabilitation Regulation 2014, Regulation 6

Take a closer look at your premium - visit [workcoverqld.com.au/premium](http://workcoverqld.com.au/premium)

Industry rate



You pay the industry rate for the first 18 months of your policy

Certificate of currency



View or download your certificate of currency

Improved payment options



Choose from our range of flexible payment options for one that best suits your needs

Maintain your premium



Read practical advice and tips on maintaining a low premium

\*If you do not pay by the due date, a late payment fee of 5% of the premium may apply, your business will be uninsured and may be liable for any claim costs incurred.



Online

To pay online or set up a direct debit payment plan go to [worksafe.qld.gov.au](http://worksafe.qld.gov.au) and select 'Pay my premium'. Payment is accepted by Mastercard or Visa online, or by calling us on 1300 132 278.



BPAY

Telephone & Internet Banking - BPAY®  
Contact your bank or financial institution to make this payment from your cheque or transaction account.  
[www.bpay.com.au](http://www.bpay.com.au)



Cheque

To pay by cheque, please return this section with your cheque to:  
WorkCover Queensland - Cheque Payments  
GPO BOX 2772  
BRISBANE QLD 4001

Please allow sufficient time for mail delivery as payment must be received on or before the due date.



Electronic Funds Transfer

BSB: 064-013  
Account: 10008320  
Reference: WAD160802897

Please forward payment confirmation  
email: [premiumeft@workcoverqld.com.au](mailto:premiumeft@workcoverqld.com.au)