NSW GOVERNMENT | State Insurance Regulatory Authority

Motor Accident Personal Injury Claim Form

HAVE YOU BEEN INJURED IN A MOTOR VEHICLE ACCIDENT?

If you have been injured in a motor vehicle accident in New South Wales, you may be able to access benefits under the Compulsory Third Party (CTP) scheme. (Your claim will be made under the *Motor Accidents Compensation Act 1999*.)

Your entitlement to benefits will depend on:

- the nature and extent of your injuries
- your personal circumstances at the time of, and since, the accident
- whether or not the accident was your fault.

WHEN TO MAKE YOUR CLAIM

To access any available benefits, you must complete and submit this form **within six months of the accident**.

If your completed form is not received within six months of the accident, your claim may be rejected (unless there is a good reason for the delay).

EARLY CLAIMS

If the accident happened less than 28 days ago, you may be able to access benefits using the Accident Notification Form, which provides for early payment of medical expenses and lost income up to a maximum of $5,000.

To get an Accident Notification Form, contact the State Insurance Regulatory Authority Claims Advisory Service (see below).

INTERPRETER ASSISTANCE

If you need an interpreter to help you read this form, you can get free help from the following organisation.

Associated Translators & Linguists

Level 5, 72 Pitt Street, Sydney NSW 2000.
Office hours: 8.30 am to 5.00 pm, Monday to Friday **Telephone:** (02) 9231 3288 **Fax:** (02) 9221 4763
Email: atl@atl.com.au **Website:** www.atl.com.au

MORE INFORMATION

State Insurance Regulatory Authority Claims Advisory Service
Telephone: 1300 656 919 **Website:** sira.nsw.gov.au

PRIVACY

The information in this form will be treated confidentially. Only staff of the State Insurance Regulatory Authority (SIRA) , CTP insurers and other approved bodies with proper legal authority are allowed to access your information and are restricted in how they use the information.

Any personal information you provide to the CTP insurer will be collected, held, used and disclosed in accordance with the Australian Privacy Principles under the *Commonwealth Privacy Act 1988* and the insurer's Privacy Policy. You will be able to view the insurer's privacy policy on their website or you can request that the insurer send you a copy.

CTP insurers are required to provide information to SIRA about all claims. Information provided to SIRA will be collected, held, used and disclosed in accordance with privacy principles under the *Privacy and Personal Information Protection Act 1998* and the *Health Records and Information Privacy Act 2002*. You have the right to access and correct information about you held by SIRA or CTP insurers.

If you consider:

- that your personal information has been handled incorrectly by SIRA, you can ask SIRA to undertake an internal review or you may contact the Information and Privacy Commission NSW
- an insurer has handled your information incorrectly, you may contact the relevant insurer for an internal review or the Office of the Australian Information Commissioner.

WHAT YOU NEED TO DO

1. REPORT THE ACCIDENT TO THE POLICE

You must report the accident to the police **within 28 days**, and ideally as soon as possible after the accident.

You can report the accident, your injury and obtain a police event number by calling the Police Assistance Line on 131 444 or attending a police station.

If it's been more than 28 days since the accident and you haven't yet reported the accident to the police, you should do it as soon as possible.

The insurer may reject your claim if you make a late report to the police and you can't give a good reason for the delay.

2. COMPLETE THIS FORM

You must answer all the questions on this form fully and truthfully, giving as much detail as you can.

The information requested on this form is required by laws covering motor accident compensation. If you do not give the required information, your claim may be rejected or delayed.

Giving information that you know is false or misleading is an offence, and may result in a fine of up to $22,000, imprisonment for two years, or both.

3. SIGN THE DECLARATION AND AUTHORITY ON PAGE 10

You must sign the declaration and authority on page 10 of this form. If your claim does not include a signed declaration and authority page, it may be rejected or delayed.

4. ASK A DOCTOR TO COMPLETE THE MEDICAL CERTIFICATE ON PAGE 11

You must ask a doctor to complete the medical certificate on page 11. If your claim does not include a completed medical certificate, it may be rejected or delayed.

5. MAKE A COPY OF THE COMPLETED FORM FOR YOUR OWN RECORDS

You should make and keep a copy of this claim form, as well as any certificates, accounts, invoices and other documents that you submit with this form, in case you need to refer to it during the claim process.

6. SUBMIT THIS FORM

You must submit this form to the CTP insurer of the vehicle that you believe caused the accident.

To find out the name and address of the CTP insurer, call the State Insurance Regulatory Authority on 1300 656 919. You will need to to tell them the date of the accident, and the registration number of the vehicle that caused the accident.

Remember, you must submit your completed claim form to the CTP insurer **within six months** of the accident. If your completed form is not received within six months of the accident, your claim may be rejected (unless there is a good reason for the delay).

If the vehicle that caused the accident cannot be identified or is uninsured

If you do not know the registration number of the vehicle that caused the accident (for example, in a hit-and-run accident), or if the vehicle was uninsured, you can make your claim against the Nominal Defendant. The Nominal Defendant will allocate your claim to a CTP insurer to manage on its behalf.

To make a claim against the Nominal Defendant, you must submit your completed claim form to:

The Nominal Defendant
Level 25, 580 George Street
SYDNEY NSW 2000

If the vehicle that caused the accident is unidentified, you must try to find out the registration number of the vehicle. This is called due inquiry and search. Some ways of conducting due inquiry and search include talking to police, talking to witnesses or putting ads in newspapers asking witnesses to contact you.

WHAT HAPPENS NEXT?

You will receive a letter from the CTP insurer

The CTP insurer of the vehicle that caused the accident will write to you within five working days to confirm receipt of your claim form. If you don't receive a letter within five working days, contact the insurer.

The insurer will investigate your claim and advise you of their decision

The insurer might contact you during their investigation to ask for more information, documents or photographs.

The insurer will then tell you whether they admit liability for your claim. Admitting liability means that the insurer agrees that the vehicle they insured caused the accident.

The insurer must tell you within three months of receiving your claim whether they admit liability.

NEED MORE HELP?

If you need information or assistance with your claim, contact the State Insurance Regulatory Authority's Claims Advisory Service:
P: 1300 656 919 **W:** sira.nsw.gov.au

SECTION A: PERSONAL DETAILS

☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Other If other, give details

Family name

Given name(s)

Have you ever been known by another name? ☐ Yes ☐ No If yes, give details.

Other family name

Other given name(s)

Sex ☐ Male ☐ Female **Date of birth** (DD/MM/YYYY)

Home address

Street

Suburb State Postcode

Postal address ☐ Same as home address

PO Box/Address Suburb State Postcode

Telephone number(s)

Mobile Home Work

Driver licence number **Medicare number** **Email address**

Do you need an interpreter to help you with your claim? ☐ Yes ☐ No If yes, which language?

Have you ever made a compensation claim for another personal injury (either before or after this accident, for example, a fall, assault, medical negligence, workers compensation or another vehicle accident)?

☐ Yes ☐ No If yes, give details, including name of insurer and claim number(s) if known.

SECTION B: ACCIDENT DETAILS

1. **Date of accident** (DD/MM/YYYY) **Time of accident** (HH:MM) ☐ am ☐ pm

2. **Place of accident**

   Street

   Suburb State Postcode

3. **Have you made a CTP claim with any other insurer in relation to this accident?** ☐ Yes ☐ No

   If yes, give details (for example, name of insurer and claim number if known).

4. **What was your part in the accident?**

☐ Driver ☐ Passenger ☐ Motorcycle rider ☐ Motorcycle passenger ☐ Cyclist ☐ Pedestrian ☐ Other

5. **If you were a driver or passenger in a vehicle, were you wearing a seatbelt?** ☐ Yes ☐ No

6. **If you were on a motorcycle or bicycle, were you wearing a safety helmet?** ☐ Yes ☐ No

7. **Did you take any drugs, including medication or alcohol, in the 12 hours before the accident?** ☐ Yes ☐ No

If yes, give details of the type and amount.

8. **If you were a passenger, did the driver/rider take any drugs, including medication or alcohol, in the 12 hours before the accident?**

☐ Yes ☐ No ☐ Don't know If yes, give details of the type and amount.

SECTION C: VEHICLE DETAILS

9. **How many motor vehicles were involved in the accident?**

10. **Do you know the registration number of the vehicle that caused the accident?**

☐ Yes Give details at question 11.

☐ No Contact the police. If you still don't know the registration number after contacting the police, give as much other detail as you can at question 11.

11. **Give details of the vehicle that you believe caused the accident**

Vehicle 1

Registration number | State | Make or model | Type (for example, sedan or hatch) | Colour

Number of people in the vehicle

Driver's details

Family name | Given name(s)

Home address

Suburb | State | Postcode

Telephone number | Email address (if known)

Owner's details (if different from the driver)

Family name | Given name(s)

Home address

Suburb | State | Postcode

Telephone number | Email address (if known)

12. Give details of any other vehicle involved in the accident

Vehicle 2

Registration number | State | Make or model | Type (for example, sedan or hatch) | Colour

Number of people in the vehicle

Driver's details

Family name | Given name(s)

Home address

Suburb | State | Postcode

Telephone number | Email address (if known)

Owner's details (if different from the driver)

Family name | Given name(s)

Home address

Suburb | State | Postcode

Telephone number | Email address (if known)

If there were more than two vehicles involved in the accident, give details on a separate page.

13. Which vehicle were you travelling in?

☐ I was not travelling in a vehicle ☐ Vehicle 1 ☐ Vehicle 2 ☐ Other (give details)

14. Draw a picture of the accident. Include intersections and street names. Show the point of impact, your position and the position of any other vehicles involved in the accident.

15. Describe what happened in the accident. Include details of who you believe caused it.

SECTION D: POLICE REPORT DETAILS

The accident must be reported to the police and the police event number provided to the insurer to process your claim.

You can report the accident, your injury and obtain a police event number by calling the Police Assistance Line on 131 444 or attending a police station.

16. How was the accident reported to police?

- ☐ Police took my details at the scene.
- ☐ At a police station on (DD/MM/YYYY)
- ☐ By phone to the Police Assistance Line on (DD/MM/YYYY)
- ☐ Other (give details)

17. Give the police event number

SECTION E: WITNESS DETAILS

18. Give details of any witnesses to the accident

Witness 1

Family name

Given name(s)

Home address

Suburb

State

Postcode

Telephone number

Email address (if known)

If there was more than one witness to the accident, give details on a separate page.

SECTION F: INJURY DETAILS

19. Did an ambulance come to the accident scene? ☐ Yes ☐ No

20. Were you treated for your injuries at a hospital? ☐ Yes ☐ No If no, go to question 22.

Name of hospital

Were you: ☐ treated in the emergency department only (Go to question 22).

☐ admitted to the hospital

21. Have you been discharged from hospital?

☐ Yes If yes, when? (DD/MM/YYYY)

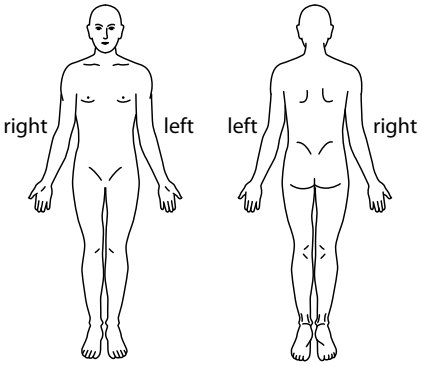
Please attach a copy of the Hospital Discharge Summary if you have it

☐ No

22. What are your injuries from the accident?

List all your injuries below, and mark the affected areas on the body map.

Injury	Location (for example, left or right)



23. What treatment, support or other services have you received for your injuries? List all doctors, specialists and other health service providers.

Treatment type	Full name of provider	Address	Telephone number	Is the treatment complete?

24. Have you had any other injuries or illnesses, before or after the accident, to the same or similar part(s) of your body?

☐ Yes ☐ No If yes, give details (including approximate date).

25. Are you aware of any previous medical history, health issues or injuries that may affect your recovery from the injury caused by this accident?

☐ Yes ☐ No If yes, give details

SECTION G: INCOME DETAILS

26. What was your employment status at the time of the accident?

☐ Employed ☐ Self-employed ☐ Home duties ☐ Retired ☐ Student/child ☐ About to start employment

☐ Not employed ☐ Other (give details)

27. Have you taken time off work, or lost income, because of your injuries?

☐ Yes ☐ No If No, go to question 31.

28. Your occupation (if employed at the time of the accident)

Your employer's details

Name of contact person

Name of employer

Street

Suburb

State

Postcode

Telephone number

Email address (if known)

29. Have you returned to work?

☐ Yes ☐ No If no, when do you expect to return to work?

30. What is your usual weekly income?

Include overtime, regular bonuses and commissions. Before tax After tax

31. Have you received, or will you receive, any money for being unable to work because of your injuries?
(for example, sick pay, holiday pay, Centrelink payments, workers' compensation or other insurance payments)

☐ Yes ☐ No If yes, give details.

SECTION H: ONGOING EXPENSES

32. Do you think you will have any ongoing expenses (including medical or treatment expenses) or other financial losses (such as lost income or other out of pocket expenses) after you lodge this claim form?

☐ Yes ☐ No

DECLARATION AND AUTHORITY

Please read the declaration carefully before signing.

- All information you have given in the claim form must be true and correct in every respect.
- Under section 307C of the *Crimes Act 1900*, you can be penalised up to $22,000 or imprisoned for 2 years, or both, for knowingly providing false or misleading information in this form.
- The injured person must sign the declaration unless he/she is under 18 years or is unable to make the declaration. In this case a parent, guardian, relative or friend of the injured person must sign the declaration.
- The insurer or Nominal Defendant is authorised under section 74 of the *Motor Accidents Compensation Act 1999*, to obtain information and documents relevant to the claim from the persons specified in the authorisation.
- The collection, use and disclosure of personal information by licensed insurers is governed by Australian Privacy Principles under the *Commonwealth Privacy Act 1988*.

Declaration and Authority

I declare that, to the best of my knowledge, the information given by me in this form is true and correct. I understand that if I knowingly make a false statement on this form that I may be liable for punishment by law.

I authorise the Nominal Defendant or the insurer that this claim is made against (or an agent for the insurer) to: (i) contact and obtain information and documents relevant to the claim from persons specified in the authorisation (ii) provide information and documents so obtained to persons specified in the authorisation.

Persons specified in the authorisation are:

- any doctor, ambulance service, hospital or other health related service provider
- any police department
- any property damage insurer
- any employer or accountant of the injured person
- any personal injury insurer or workers compensation insurer
- Centrelink
- Lifetime Care and Support Authority of NSW
- State Insurance Regulatory Authority (SIRA)
- Medicare Australia

I understand that information obtained under this declaration from doctors, an ambulance service or as part of clinical notes from hospitals may include general medical information relevant to my claim.

Signature of injured person, or person on behalf of the injured

Name of injured person, or person on behalf of the injured

Date (DD/MM/YYYY)

This section to be completed if another person signed on behalf of the injured person

Relationship to injured person

Phone number

Reason why the injured person could not sign

MEDICAL CERTIFICATE

This section must be completed by a doctor. The doctor can be a general practitioner (GP), a treating specialist or a hospital-based doctor.

Patient's details

Family name

Given name(s)

Date of birth (DD/MM/YYYY)

Date of accident (DD/MM/YYYY)

Home address

Street

Suburb

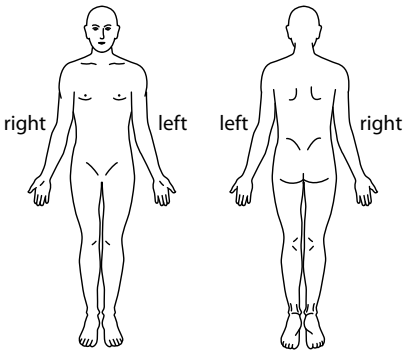
State

Postcode

How long has the patient attended the practice?

Injury details

Diagnosis or description of injuries (Indicate sites of physical injury on this body map)



Are these injuries consistent with the patient's description of the cause of injury?

☐ Yes ☐ No If no, give details.

Is there any medical, health or injury history that may affect management of this patient's injury?

☐ Yes ☐ No If yes, give details.

Patient's capacity for work (if employed at time of injury)

☐ Fit for pre-injury duties from (DD/MM/YYYY)

☐ Fit for pre-injury duties with the following considerations or modifications from until

☐ Unfit for work until (DD/MM/YYYY)

Have you recommended any treatment, support or other services to assist injury recovery? (include details of frequency and duration)

Date of examination (DD/MM/YYYY)

Next review (DD/MM/YYYY)

Doctor's details

Full name

Specialty

Provider number

Address of practice

Street

Suburb

State

Postcode

Telephone number

I declare that I am a registered medical practitioner and that to the best of my knowledge the information provided here is true and correct.

Signature

Date (DD/MM/YYYY)

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