

NOTICE OF CLAIM

FOR ACCIDENTS ON OR AFTER 1 FEBRUARY 2020



Use this form to lodge a notice of claim in relation to your motor accident if you are not at fault for the accident, and:

1. WPI 10% or greater

Assessed as having a Whole Person Impairment of 10% or greater.

or

2. Child receiving treatment/care

You are a child still receiving treatment and care 4 years and 6 months after the accident date.

or

3. SOI Assessment

Assessed as having injuries which have had a Significant Occupational Impact.

Information

- A claimant can submit a notice of claim for common law damages if they are not at fault for the accident.
- Complete this form and send it to the relevant insurer with the required attachments.
- If you're filling out this form by hand, please use a blue or black pen. Mark boxes like this with a ✓ or a X.
- Any attachments will form part of this notice of claim, and the declaration and authorisation will include them.
- If you need advice about this form please contact Access Canberra on 13 22 81 or via their [online query form](#).
- If you're acting on behalf of the applicant as a parent, guardian, or a personal representative of a deceased applicant, please complete the section identifying who you are, your relationship to the applicant, and the reason you're acting on their behalf.

What happens next?

4. The insurer will be in touch with you

Once you have submitted this form, the insurer will be in touch with you to discuss your claim and request any further information or details you have about your claim and the accident.

5. A compulsory conference will be conducted

Relevant claims documents must be provided to the other party at least seven days before the compulsory conference. Each participant must actively take part in the conference in an attempt to settle the claim.

6. Mandatory final offers will be exchanged

If the claim has not been settled at the compulsory conference, the claimant and respondent must exchange final written offers.

7. If required, court proceedings can commence

If a settlement has not been reached by way of mandatory final offers, court proceedings may commence.

Checklist

Either your MAI Application Identifier as provided by your MAI insurer, or complete and attach a **Personal Injuries - Defined Benefits Application**, and a **Motor Accident Injuries Medical Report** (completed by your doctor).

If you are claiming damages for economic loss, complete section 3 of this form detailing the loss since the accident (e.g. employment changes, loss of income, etc.).

1. Your details

First name

Middle name(s)

Last name

Date of birth (dd/mm/yyyy)

MAI Application Identifier (if applicable)

Date of accident (dd/mm/yyyy)

Gender

 F M X

Title

 Dr Mrs Ms Mr Other:

Provide at least one phone number:

Mobile phone number (if applicable)

Home phone number (if applicable)

Work phone number (if applicable)

Email address

Home address (unit, street number, street name, suburb, state, postcode)



If you need an interpreter, please tell us your preferred language.

Are you an Australian citizen or permanent resident?

 Yes No

These help the insurer calculate the correct entitlements and eligibility under common law.

Are you an LTCS participant?

 Yes No

Are you making this application from a workers compensation claim?

 Yes No

Have you received a Quality of Life payment under Defined Benefits?

 Yes No

Additional damages can be claimed which will be limited by the defined benefits you have received, and/or any contribution you had to the accident.

2. Legal Representation

Do you have a solicitor acting for your claim?

 No Yes Yes Yes

If no, skip to the next question.

If yes, please provide the details below:

Name of Firm

Name of Solicitor

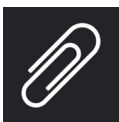
Reference

Date you instructed solicitor

First date relevant insurer identified

3. Economic Loss

If you are claiming damages for economic loss, detail the loss in the space below (e.g. employment changes, loss of income, etc.)



If you require additional space to detail your economic loss, attach a separate sheet entitled “Economic Loss”.

4. About personal information

The insurer will need authority to collect your personal and health information to help manage your application.

Why?



- For the purpose of enabling the insurer to process, assess and manage your notice of claim and to verify any evidence you may submit in support of your notice of claim.
- To ensure the notice of claim is compliant with ACT motor accident injuries legislation.
- For the purposes of legal proceedings under that legislation if required.

Insurers may need to disclose personal and health information about you to each other and relevant organisations.

Why?



- To process, assess and manage your notice of claim
- To support any complaint or enquiry made by you to any authority.

5. Collection of personal and health information to manage your claim

- Personal and health information provided by you may be retained, used and disclosed by:
 - licensed insurers to manage your application and determine your entitlements, and
 - the Motor Accident Insurance Commission as regulator of the MAI scheme under the *Motor Accident Injuries Act 2019 (ACT)*.
- Any personal and health information you provide will be collected, retained, used and disclosed in accordance with (where relevant) the *Motor Accident Injuries Act 2019 (ACT)*, *Information Privacy Act 2014 (ACT)*, *Health Records (Privacy and Access) Act 1997 (ACT)*, and the *Commonwealth Privacy Act 1988*.
- Under the *Motor Accident Injuries Act 2019*, the MAI Commission may, despite anything to the contrary in the *Information Privacy Act 2014* or the *Health Records (Privacy and Access) Act 1997*, collect, use and disclose data relating to third party policies, claims, activities and performance of insurers and the provision of health, legal and other services to injured persons.

6. Declaration and authorisation

Please read this declaration carefully before writing your name below and signing.

- All information you have provided in this form must be true and correct in every respect.
- Under part 3.4 of the *Criminal Code 2002*, you can be fined, imprisoned, or both for either knowingly or recklessly providing false or misleading information in this form, or omitting anything without which the information is false or misleading.
- You authorise the insurer to contact and obtain information and documents relevant to the application from persons specified in this authorisation below and provide information and documents so obtained to persons specified in this authorisation below.

The consent and authorisation to release, use, disclose and exchange health information on this form and information obtained in the course of the processing and managing your notice of claim apply to and between:

- your treating health service provider
- a member of your treating team
- a health practitioner who conducts an assessment of your needs for treatment and care, including a medical or other examination
- an authorised independent medical examiner (IME) and IME provider arranging and conducting your Whole Person Impairment (WPI) assessment (if required)
- an authorised independent medical examiner or independent health assessor and IME provider arranging and conducting your Significant Occupational Impact (SOI) assessment (if required)
- ACT Lifetime Care and Support Scheme
- ACT Civil and Administrative Tribunal (ACAT)
- the relevant insurer or another MAI insurer

The consent and authorisation to release, use, disclose and exchange personal information on this form and information obtained in the course of processing and managing your notice of claim apply to and between:

- any police service
- any property damage insurer
- any employer or accountant of the injured person
- any personal injury insurer including an MAI insurer or workers compensation insurer
- Medicare and Centrelink
- ACT Lifetime Care and Support Scheme
- ACT Civil and Administrative Tribunal (ACAT)
- ACT MAI Commission

This consent operates until you either revoke the authority by notice, in writing, to the insurer, in relation to your claim for damages.

I, (print name)

intend to proceed with a motor accident claim. I declare that, to the best of my knowledge, the information given in this form is true and correct. I also give consent and authorisation for the collection, use, disclosure and exchange of personal and health information provided on this form and information obtained in the course of the processing and managing my notice of claim to and between persons set out in section 6 of this form.

Signature

Date (dd/mm/yyyy)

Witness signature

Witness date (dd/mm/yyyy)

Witness full name

If you are acting on behalf of the applicant as parent, guardian, or personal legal representative, please complete this section:

Relationship to injured person

Reason injured person cannot sign

Address