

ACCIDENT NOTIFICATION FORM



**MOTOR ACCIDENTS
AUTHORITY**

THIS FORM IS APPROVED BY THE MOTOR ACCIDENTS AUTHORITY OF NSW. IT IS TO BE USED FOR NOTIFICATIONS MADE UNDER THE MOTOR ACCIDENTS COMPENSATION ACT 1999 FOR ACCIDENTS ON OR AFTER 1 OCTOBER 2008

If you have been injured in a motor vehicle accident in NSW, you may be able to immediately claim up to \$5,000 for your treatment expenses and lost earnings

You need to:

1. obtain the registration number of the vehicle that caused the accident
2. report the accident to the police if they did not attend the accident
3. obtain the event number of the accident from the police
4. call 1300 656 919 to find out the Green Slip or Compulsory Third Party (CTP) insurer of the vehicle that caused the accident
5. complete and send this form to the CTP insurer within 28 days of the accident:
make sure that you sign the declaration and get your doctor to complete the medical certificate

The insurer will let you know within 10 days whether it will pay for your reasonable and necessary treatment expenses and lost earnings and will provide you with a reference number that must be used in all correspondence.

Your information is confidential

The information in this form will be treated confidentially. Only staff of the Motor Accidents Authority (MAA), 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. You have the right to access and correct information about you held by the MAA or CTP insurers. If you consider:

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

CTP insurers are bound by national privacy principles. You may visit the licensed insurers' websites or contact them directly to request information on how to access your personal information, seek an internal review or determine with whom they share the information.

Interpreter service

If you need an interpreter to help you understand this form, contact Associated Translators & Linguists on **02 9231 3288** during office hours.

Need more information?

If you have any questions, would like more information or need help completing this form, contact the MAA's Claims Advisory Service on **1300 656 919** or visit **www.maa.nsw.gov.au**

**THIS FORM MUST BE COMPLETED AND SENT TO THE CTP INSURER
WITHIN 28 DAYS OF THE ACCIDENT**

INFORMATION FOR PEOPLE INJURED IN A MOTOR VEHICLE ACCIDENT

Eligibility for early payment of treatment expenses and lost earnings

You can claim up to \$5,000 for your treatment expenses and any loss of income you have sustained if:

1. the accident was caused, or mainly caused by the fault of another driver, or
2. the accident was a blameless motor accident. Examples of blameless motor accidents could include accidents resulting from the sudden illness of the driver, such as heart attack or stroke or vehicle failure, such as a tyre blow-out.

Special benefit for children

If you were under 16 years old and lived in NSW at the time of the accident, you may still claim up to \$5,000 for your treatment expenses even if the accident was not caused by any fault of the driver of the motor vehicle. For children under 16 years, the accident will be deemed to have been caused by the owner/driver of the motor vehicle.

The Accident Notification Form provides for hospital, medical, pharmaceutical and rehabilitation expenses up to \$5,000 for these injured children.

If you were 16 or older, you should not submit an Accident Notification Form if you were the driver completely at fault in the accident.

Information required to claim these expenses

To claim these expenses you will need:

- the registration number of the vehicle that caused, or mainly caused the accident,
- the event number of your accident from the police – if a police officer did not attend the accident you must report the accident to the police,
- to send the form to the insurer within 28 days of the accident.

If you cannot identify the vehicle that caused the accident, contact the MAA's Claims Advisory Service on 1300 656 919 for assistance.

Completing this form

You will need to provide:

- the police event number,
- the registration number of the vehicle that caused the accident,
- the registration numbers of other vehicles involved in the accident,
- a brief description of the accident and details of your role in it,
- and details of your employment situation and income at the time of the accident.

You are required to make a declaration giving permission for the insurer to contact and obtain information from individuals or organisations about your claim. See page 5.

If you were 16 or older, you are also required to make a declaration that the accident was not wholly or mainly your fault.

This form includes a medical certificate, which should be completed by your doctor. It will include details of your injuries, the results of any medical investigations and recommended treatment.

Once the form has been lodged with the CTP insurer, it will provide you with a reference number to assist you to access treatment.

Payment of treatment expenses

Your treatment accounts should be sent to the insurer, including the account for completion of the medical certificate by your doctor. You should include with the accounts, your name, the date of the accident, the registration number of the vehicle that caused the accident and the reference number given to you by the insurer.

The insurer is only obliged to pay for treatment expenses that are reasonable and necessary. The insurer may use approved treatment guidelines to decide what is reasonable and necessary.

Payment of lost earnings

You should provide details of your employment situation and income before the accident as well as details of any income you have lost as a result of your injuries. The insurer may ask you for additional information to verify your income loss. This additional information can include things such as pay slips, tax returns or information from your employer confirming your employment details.

Important additional information

The agreement by the insurer to pay these expenses is not an admission of liability, or an agreement to pay any other expenses.

The Accident Notification Form allows you to claim up to \$5,000 for treatment provided and loss of income suffered within six months of the date of the accident. In paying these expenses, the insurer must give priority to payment of treatment expenses which means they will pay expenses for reasonable and necessary treatment provided in the first six months before making any payment for lost earnings. For this reason, the insurer will not make payment for any loss of income until the end of the six month period following the accident.

Submitting a Personal Injury Claim Form

You should submit a Personal Injury Claim Form if:

- you are unable to lodge the Accident Notification Form within 28 days, or
- you cannot identify the vehicle that caused the accident, or
- your treatment and lost earnings expenses will exceed \$5,000 in the first six months, or
- you wish to claim other compensation such as payment for your pain and suffering

If any of these circumstances apply, **you should submit a Personal Injury Claim Form to the insurer as soon as possible**. Your claim may not be accepted if the insurer does not receive your completed Personal Injury Claim Form **within six months** of the accident.

You can obtain the claim form from the insurer of the vehicle that caused the accident or you can download it from www.maa.nsw.gov.au

Entitlements of claimants

Under the Motor Accidents Scheme, if another driver was at fault in the accident, or the accident was a blameless accident, you are entitled to compensation for:

- reasonable and necessary medical, pharmaceutical, rehabilitation, respite care and attendant care expenses
- other expenses and economic losses e.g., loss of income and out of pocket expenses
- non-economic loss (payment for your pain and suffering) if you have a serious, permanent injury

ACCIDENT NOTIFICATION FORM – TO BE COMPLETED BY THE INJURED PERSON

Personal Details

Surname/family name Given name(s) Date of birth / / Sex M F

Address

Phone numbers

Home: Work: Mobile:

Occupation Name of employer

Have you ever made a claim for personal injury compensation, workers compensation or other damages e.g. slip and fall, assault, medical negligence or another motor accident?

No Yes Please give details if you can

Type of claim Date of injury / / Insurance company Claim or reference number

Please attach a separate page if you need to include more information.

Details of this accident

Date of accident / / Time of accident am/pm Place of accident – include street, town or suburb and state

Name of police officer attending the accident Police station Police 'event' number

You must report this accident to Police. If you have a copy of the Police Report please attach it to this form.

Your part in the accident: Driver Passenger Motorcycle rider Pillion passenger Cyclist Pedestrian Other

1) Vehicle causing the accident

Registration No. State Make Driver & phone No. Owner

2) Vehicle you were travelling in

Registration No. State Make Driver & phone No. Owner

3) Other vehicle/s involved in the accident if known

Registration No. State Make Driver & phone No. Owner

Diagram of the accident

Brief description of the accident

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Was an ambulance called?

No Yes Were you: Treated at the scene only Transported to hospital

Had you taken any drugs, including medication or alcohol in the 12 hours before the accident?

No Yes Give details of type and amount

ACCIDENT NOTIFICATION FORM – TO BE COMPLETED BY THE INJURED PERSON

Employment Details (relating to loss of income)

If you are claiming payment for lost earnings, the insurer may ask you for additional information or they may contact your employer to confirm your employment details.

Your employment situation before the accident

Self employed

Full time employed

Part time employed

Retired

Casual

Student/child

Home duties

Not working

Other

Please describe

Pensioner

Please describe

Have you taken time off work because of the injuries you sustained in the accident? No Go to Declaration Yes

Work time lost

From

To

/ / / /

/ / / /

Have you returned to work?

Yes

No

When do you expect to return to work?

/ /

Don't know

Fully?

Partly? (e.g. light/modified duties)

Date of return

/ /

Name of employer

Contact person's name

Contact phone number

Workplace address

Town/suburb

State

Postcode

Employer's email address (if known)

Usual weekly working hours

Ordinary

Overtime

Usual weekly earnings (including overtime, regular bonuses and commission)

Pay before tax (gross)

Pay after tax (net)

Description of duties

Have you received or will you receive money for being unable to work because of your injuries (e.g. sick leave or holiday pay, social security benefits, workers compensation or insurance payment)

Yes

No Go to Declaration

Give details (e.g. insurer, claim number, contact name, if known)

ACCIDENT NOTIFICATION FORM – TO BE COMPLETED BY THE INJURED PERSON

Please read the declaration carefully before signing.

- This declaration allows the insurer to obtain records or information which may affect your claim, including any information about treatment you have received from a doctor or hospital.
- This declaration must be signed by the injured person unless he/she is under 18 or unable to make the declaration. In that case, the declaration must be made by a parent, guardian, relative or friend on the injured person's behalf.
- It is an offence under the Motor Accidents Compensation Act 1999 to knowingly make a false or misleading statement in this form. Information that is knowingly false or misleading may result in a fine of up to \$5,500 or imprisonment for up to 12 months, or both.

Declaration

I declare that to the best of my knowledge the information given in the Accident Notification Form is true and correct in every respect. I declare that to the best of my knowledge I was not wholly or mainly at fault in this accident OR I was under 16 years of age at the date of the accident.

I authorise the Nominal Defendant or the insurer against whom this notification is made to contact and obtain information and documents which are relevant to this claim for treatment expenses and lost earnings from:

- any doctor, ambulance service, hospital or other service/treatment provider
- any police department
- any property damage insurer
- any employer or accountant of the injured person
- any personal injury claim or workers compensation insurer
- Lifetime Care and Support Authority (LTCSA)

Name	Signature	Date / /
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If the declaration has been signed on behalf of the injured person, please provide details:

Relationship to injured person	Phone contact	Reason injured person could not sign
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This form must be sent to the CTP insurer within 28 days of the accident.

MEDICAL CERTIFICATE – TO BE COMPLETED BY TREATING DOCTOR

Injured person's surname/family name Given name(s) Date of birth / /

Date of accident / / Date of examination / / Are the injuries/conditions consistent with the circumstances of the motor accident described to you? Yes No

Medical diagnosis and description of the injury

Clinical findings (symptoms, results of any investigations)

Did the patient attend hospital? No Yes Length of stay
Name of hospital?

Was the patient admitted to hospital? No Yes

Treatment plan likely to be required: Short term (6 weeks) Medium term (6-12 weeks) Long term (>12 weeks)

Refer to:
Specialist
Therapy
Other
Type Name of person Phone number or contact details

Describe the patient's fitness for work:
Fit to resume normal duties on / /
Fit for alternative duties on / / Please describe
Unfit for work from / / To / /

Does the patient have any other co-morbidities or previous injuries? No Yes Please describe
How long has this patient attended the practice?

Date of next medical review / / Does the patient need an interpreter? No Yes Language

Doctor's name (please print) Provider number

Address of practice

 Postcode Phone number Fax number
() ()
Area of specialty

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

Signature Date / /

AMA fees apply for all medical services. Fee for completing forms: \$32

For further information or forms contact the Motor Accidents Authority of NSW on 1300 656 919 or fax 1300 137 707