ACT Government | Motor Accident Injuries Commission

PERSONAL INJURIES

APPLICATION

We understand that you may be upset at this time. Please give as many details about your accident as you can. This will allow insurers to help you with your application.

1. Seek medical treatment

Obtain treatment and have your GP complete the Motor Accident Injuries Medical Report.

2. Notify the police

If police did not attend, report the accident online or at a police station within 24 hours.

3. Complete this application

Complete as much of this form as you can, and gather all required attachments.

4. Submit form to insurer

Send this form with all attachments to the insurer of the at-fault vehicle, or to your MAI insurer if unknown.

The free **Defined Benefits Information Service** (DBIS) can provide assistance and information about the Scheme. Call them on **1300 209 642** or email dbis@carefcs.org

Information

- Complete this form and send it to the relevant insurer, as per step 4 above, with the required attachments.
- To find the insurer of an ACT registered vehicle, visit *Access Canberra - Check Registration Details*.
- 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 application and the declaration and authorisation will include them.
- 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.
- It is best if you can make this application within 13 weeks after the date of the accident so you get early treatment and income support. A late application may be made within 2 years after the date of the accident, accompanied by a full and satisfactory explanation for the delay which satisfies the insurer. Defined benefit income payments may only begin from 28 days before the date the late application is made.

What happens next?

5. The insurer will be in touch with you

Once you have submitted this form, the insurer will be in touch with you to acknowledge receipt, and advise next steps. They may contact you to find out more information to support your application.

6. The insurer will assess your application

The insurer has 28 days from the receipt notice to assess your application. During this time they may ask you additional questions to help them manage your case. You will be eligible for reimbursement for some early medical expenses.

7. If eligible, you will receive defined benefits

If liability is accepted, you may receive income benefits, and the insurer will pay your reasonable and necessary treatment and care expenses.

8. Continue with your treatment

Continue with your treatment, with the support of the insurer. If you are receiving income benefits, your treating doctor will need to complete the certificate of fitness at regular intervals for the duration of your recovery.

Checklist

- ☐ **Police accident report number or copy of AFP Crash Report.**
- ☐ **Motor Accident Injuries Medical Report completed by your GP.**
- ☐ **Attach invoices for medical treatment received if you would like to claim for those payments upfront.**
- ☐ **Keep a copy of this form and any attachments such as evidence of medical report and any other information.**

1. Your details

First name

Middle name(s)

Last name

Date of birth (dd/mm/yyyy)

/ /

Gender

F M X

Title

Dr Mrs Ms Mr Other:

Medicare number and reference number

Drivers licence number (if applicable)

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)

Contact preference

Mobile Email Home phone Work phone

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

If you are completing this form for the injured person

By completing this section you are confirming that the applicant has given their consent (if not a parent) to you acting on their behalf. This will include obtaining and sharing personal health information.

Relationship to injured person

Address

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

Contact preference

Mobile Email Home phone Work phone

Authorised by: **ACT Government | Motor Accident Injuries Commission**

Payment details for injured person

Account name | **BSB** | **Account number**

Have you ever made a CTP or MAIS claim for injury from a motor accident?

☐ No

☐ Yes ▶ **If yes,** please provide details below:

Date of injury (dd/mm/yyyy) / / | **Claim number** | **Insurer at time of injury**

Have you made an application to workers compensation with respect to this motor accident?

☐ No

☐ Yes ▶ **If yes,** please give the details below:

Workers compensation insurer | **Has liability been accepted?** ☐ No ☐ Yes | **Claim number** | **State**

2. About the accident and your injuries

Please provide details of the motor accident that led to your injury. Provide the **Police Accident Report number** if police attended, or attach a completed **AFP Crash Report** (on-line). Attach any photos or details of witnesses you may have, if available. These documents help us process your application. If you need more space, attach a separate sheet of paper titled *'About the accident'.*

Did police attend?

☐ Yes ▶ **Police Accident Report** (e.g. P1234567)

☐ No ▶ **AFP Crash Report number**

You can obtain the report number by calling the Police Assistance Line on 131 444 or by visiting a police station. You can still submit this application in the meantime.

Date of the accident (dd/mm/yyyy) / /

Approximate time of the accident ☐ ☐ *(tick one)* **am** **pm**

Where did the accident occur? (e.g. corner, intersection, street, number/name, suburb)

In the accident, you were the:

☐ Driver ☐ Passenger ☐ Motorcyclist ☐ Other (give details):

☐ Cyclist ☐ Pedestrian ☐ Pillion passenger

Authorised by: **ACT Government | Motor Accident Injuries Commission**

In your own words, please describe (or draw) the motor vehicle accident you were involved in.

If applicable, were you wearing a seatbelt if you were in a vehicle, or helmet if you were on a bicycle, motorcycle or personal mobility device (eg e-scooter)?

☐ Yes ☐ No

Have you been charged with an offence in relation to the accident?

☐ Yes ☐ No

If you are subsequently charged with an offence you must tell the MAI insurer.

A conviction for certain offences can end some or all of your benefit entitlements.
A quality of life benefit application may also be suspended if serious charges are pending.
You can ask the DBIS for more information about the impacts of any charges on your benefit entitlements.

Details of all vehicles involved in the accident

Provide as much information as you can, including your own vehicle. Place a tick to indicate the vehicle you believe to be most at fault (if known).

If a vehicle that caused the accident is unidentified (e.g. a "hit-and-run accident"), write "unidentified" in the first column. Please also attach a separate document describing the vehicle and any steps you have taken to identify the vehicle (e.g. seeking witnesses).

Registration Number	**State**	**Most at fault**	**Driver's name**	**Driver's contact** (e.g. phone, email)	**Number of passengers**
I'm unsure who is most at fault:					

Authorised by: **ACT Government | Motor Accident Injuries Commission**

3. About your health

Please attach any evidence of medical treatment you have received as a result of your accident, including invoices and any receipts for any medical expenses incurred, and a completed **Motor Accident Injuries Medical Report**, which you can obtain from your doctor.

On making your application, you can be reimbursed for the following medical expenses:

- up to two consultations with a general practitioner, being no higher than a level B consultation for initial treatment and a further consultation no higher than a level C consultation that is necessary to prepare a medical report; and
- up to two allied health treatments (such as physiotherapy) on referral by a registered medical practitioner, subject to payment caps.

Other medical expenses incurred will be assessed for reimbursement once your application has been accepted.

In your own words, please outline all injuries you received as a result of the motor accident you have described above.

4. Treatment details

Did an ambulance attend the accident:

☐ No

☐ Ambulance attended the accident, but did not provide me with any treatment.

☐ Ambulance attended and provided me with treatment.

Did you receive treatment at the hospital after the accident?

☐ No

☐ Yes ▶ **If yes,** please give the hospital and ambulance details below (if applicable).

Name of the hospital where you were treated

Were you taken to the hospital in an ambulance?

☐ No ☐ Yes

Have you been discharged from hospital?

☐ No ☐ Yes, I was discharged on / / (dd/mm/yyyy)

Authorised by: **ACT Government | Motor Accident Injuries Commission**

5. About your employment and income information

Complete section 6 and 7 if you would like to claim for lost income due to your motor accident injury. Your insurer will contact you for you to provide your **proof of employment** and **wage information** such as your **pay slips**, an **employment contract**, or your last **PAYG statement(s)**, and any other information they may require with respect to your work and pay arrangements in the 52 weeks prior to the accident.

You may receive interim payments subject to the insurer having enough information to show you were working, such as payslips or a contact for your employer(s).

If you are self-employed, you will need to provide evidence of your earnings, such as your last tax return, business activity statements or a letter from your accountant.

In some circumstances, a person in training or a full-time student over 15 years of age and expects to be in paid work related to the course/training, can provide information on their studies, in addition to any casual paid work.

6. Work details

Have you been away from work or a course as a result of the accident?

☐ No

☐ Yes ▶ **If yes,** please provide dates:

What was your work status at the time of the accident?

☐ Hours per week

☐ Full-time ☐ Part-time ☐ Casual ☐ Self-employed ☐ Other (including student)

What is your usual occupation?

Employer name

Please outline your earnings at the time of the accident
(Please tick the applicable time frame)

$ ☐ Weekly ☐ Fortnightly ☐ Monthly ☐ Annually

If you were an employee, this is your gross income before tax and payroll deductions.

7. Employer contact details

If you are self-employed or a student not in paid work, skip this section and proceed to section 8.

Would you like us to obtain your wages information directly from your employer(s)?

☐ No

☐ Yes ▶ **If yes,** please complete the following:

Employer contact name **Phone number** **Email address**

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

If you have more than one employer, attach a separate sheet titled 'Additional Employer Details', to provide a contact name, phone number, email address, contact address, and work status for each of your employers.

Authorised by: **ACT Government | Motor Accident Injuries Commission**

8. About personal information

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

Why?

- To assist with your rehabilitation and to assist the insurer to better manage your application.
- For the purpose of enabling the insurer to process, assess and manage your application and to verify any evidence you may submit in support of your application.
- To ensure the application 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 application.
- To support any complaint or enquiry made by you to any authority.

9. Collection of personal and health information to manage your application

- 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 Injuries Commission as regulator of the Motor Accident Injuries (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), *Freedom of Information Act 2016* (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.

10. Declaration and authorisation

Please write the full name, date of birth and date of accident of the applicant

Name	**Date of birth** (dd/mm/yyyy)	**Date of accident**
	/ /	/ /

Please read this declaration carefully before writing your name as applicant or acting on behalf of a person below and signing.

All information you have provided in this application 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 give consent and authorise the release of any information in relation to your application to the MAI Commission for the purpose of inquiry data analysis to assist in the regulation and improvement of the MAI scheme. This includes consent to be contacted by the MAI Commission or an authorised third party to provide feedback of your experience of the MAI scheme.

You give consent and authorise the MAI insurer managing your application for defined benefits to:
• obtain information and documents relevant to the processing and managing of your application from the persons and entities specified in this authorisation below; and
• provide information and documents relevant to the processing and managing of your application to the persons and entities specified in this authorisation below.

The relevant information and documents for processing and managing your application may include information and documents about your pre-accident circumstances and prior incidents.
For the purposes of processing and managing your application for defined benefits, the consent and authorisation to release, use, disclose and exchange your personal and health information apply by, to, and between:

• your treating health service provider or a member of your treating team, or an appointed rehabilitation provider
• a health practitioner who conducts an assessment of your needs for treatment and care or fitness to work, including a medical or other examination
• an independent medical examiner (IME) or an authorised IME provider arranging and conducting your Whole Person Impairment (WPI) assessment (if required)
• an IME or independent assessor and authorised IME provider arranging and conducting your Significant Occupational Impact (SOI) assessment (if required)
• NDIA and Services Australia (Medicare, Centrelink)
• the Coroner's Court of the ACT
• any personal injury insurer or workers compensation insurer
• the relevant insurer or another MAI insurer
• the ACT MAI Commission
• any police service
• any employer or accountant of the injured person
• any property damage insurer
• the ACT Lifetime Care and Support Scheme
• the ACT Civil and Administrative Tribunal (ACAT)

This consent is personal to the applicant and may only be signed by the individual, their parent or guardian. If the name and signature below is not the applicant named above, please include your name and the reason the injured person cannot sign below. By signing this form you are consenting to being contacted in relation to this application.

This consent operates until you either revoke the authority by notice, in writing, to the MAI insurer managing your application for defined benefits, or after five years have passed since the date of the motor accident. If the authority is still reasonably required to process and manage your application, revocation or limitation of your consent may result in non-payment or suspension of your application.

I, (print name)

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 release, use, disclosure and exchange of my personal and health information by, to, and between the persons and entities set out in section 10 of this form for the purposes of processing and managing my application for defined benefits.

Signature

Date (dd/mm/yyyy)

/ /

Reason injured person cannot sign

Authorised by: **ACT Government | Motor Accident Injuries Commission** Catalogue No. MAIPIA07 08/25