

Application for damages under common law

- Complete this form and send it to the insurer or contact our CTP Assist service on 1300 656 919.
- If you're filling out this form by hand, please use a blue or black pen.
- Mark boxes like this with a or a .
- Any attachments will form part of this claim and the declaration and authorisation will include them. This form is for accidents on or after 1 December 2017.
- If you need advice about this form please contact CTP Assist on 1300 656 919 or email: motor@sira.nsw.gov.au
- If you're acting on behalf of the claimant as a family member or as a personal legal representative, please attach a page identifying who you are, your relationship to the claimant, and the reason you're acting on their behalf.

 **If you need an interpreter, please tell us your preferred language. Don't forget to include this page when you submit your claim.**

Use this form to lodge a common law claim for damages if:



What happens next?

- 1 The insurer will be in touch with you**
The insurer will contact you to discuss your claim and request any further information or details you have about your claim and the accident.
- 2 The insurer will assess your claim**
The information you provide will help the insurer assess your claim. 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.
- 3 Damages determination will be made**
You must sign the declaration and authority. The declaration confirms that your statement is true and honest. The authority provides the insurer access to relevant information to complete their assessment of the claim. If your claim does not include a signed declaration and authority page, it may be rejected or delayed.

Checklist

What you will need to complete this form

- Completed the Application for personal injury benefits claim form.**
- Medical certificate showing your fitness from your GP.**
- Evidence of income - attach these if you would like to claim for lost income.**
- Keep a copy of this form and any attachments such as evidence of medical treatment.**

You must fill out the application for personal injury benefits form before filling out this form.

1. Your details

Full name

Date of birth (dd/mm/yyyy)

 /

Gender

F

M

X

Medicare number and reference number

Driver licence number (if applicable)

Mobile phone number

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

Preferred contact time

Payment preference and details

Direct deposit

Cheque

Account name

BSB

Account number

Please provide your CTP claim number (if known)

2. Declaration

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

- All information you have provided in this claim form must be true and correct in every respect.
- Under section 307C of the *Crimes Act 1900*, you can be issued with a fine up to \$22,000 or imprisoned for two years, or both, for knowingly providing false or misleading information in this form.
- The injured person must sign the declaration unless they are under 18 years or are unable to make the declaration. In this case a parent, guardian, relative or friend of the injured person must sign the declaration.

I, (print name)

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.

Claimant's signature

Date (dd/mm/yyyy)

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3. About your personal information

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



Why?

- To ensure the claim is compliant with New South Wales motor accident injury legislation.
- For the purpose of enabling the insurer to process, assess and manage your claim and to verify any evidence you may submit in support of your claim.
- For the purposes of legal proceedings under that legislation if required.
- To assist with your rehabilitation and to assist the insurer to better manage claims.

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



Why?

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

4. 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 claim and determine your entitlements, and
 - the State Insurance Regulatory Authority (**SIRA**) as regulator of the CTP scheme under the *Motor Accident Injuries Act 2017*.
- Any personal and health information you provide will be collected, retained, used and disclosed in accordance with (where relevant) the *Privacy and Personal Information Protection Act 1998 (NSW) (PPIP Act)*, *Health Records and Information Privacy Act 2002 (HRIP Act)*, *Commonwealth Privacy Act 1988*, the *Motor Accident Injuries Act 2017* and SIRA's Privacy Management Plan.
- Under the *Motor Accident Injuries Act 2017*, SIRA may, despite anything to the contrary in the PPIP Act or the HRIP Act, 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.

5. Declaration and authorisation

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

- All information you have provided in this claim form must be true and correct in every respect.
- Under section 307C of the *Crimes Act 1900*, you can be issued with a fine up to \$22,000 or imprisoned for two years, or both for knowingly providing false or misleading information in this form.
- You authorise the insurer to contact and obtain information and documents relevant to the claim 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 personal and health information on this form and information obtained in the course of the processing and managing my claim for damages under common law apply to and between:

- 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
- Medicare Australia
- Lifetime Care and Support Authority of NSW
- State Insurance Regulatory Authority (SIRA).

I, [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 collection, use, disclosure and exchange of personal and health information provided in this form.

Signature

Date (dd/mm/yyyy)