

Application for personal injury benefits



State Insurance
Regulatory Authority

- 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 applicable 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 apply for weekly and medical benefits if you're injured in a motor vehicle accident

1 Seek medical treatment

See your GP and complete a medical certificate showing your fitness as soon as possible.

2 Notify police

You must report the accident to police within 28 days.

3 Notify the CTP insurer

For access to initial benefits, notify the insurer of the accident.

4 Submit this claim form

Complete as much of this form as you can, and send it to the insurer.

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 advise next steps. They may contact you to find out more information to support your claim.

6 The insurer will assess your claim

The insurer has 4 weeks to assess your claim. During this time they may ask you additional questions to help them manage your case.

7 If eligible, you may receive initial payments

If you're deemed eligible, you may receive weekly benefits and the insurer will pay your medical expenses directly. The insurer must commence payment of these benefits (if eligible) within 28 days.

8 Continue with your treatment

Continue with your treatment, with the support of the insurer. You will need to complete the certificate of fitness with your nominated GP at regular intervals for the duration of your recovery.

Checklist

What you will need to complete this form



Police event number or evidence of the incident.



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.

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

Have you ever made a CTP claim for injury?

☐

No



If no, skip to next question.

☐

Yes



If yes, please provide details below.

Date of injury (dd/mm/yyyy)

Claim number

CTP insurer at time of injury

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)

3. About the accident and your injuries



Please provide details of the accident that led to your injury and this claim. You will require a police event number and, if applicable, attach any photos or witness statements. These documents will help us process your claim. If you need more space, attach a separate sheet of paper titled 'About the accident and your injuries'.

Please provide your police event number (e.g. E12345678)

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

Date of the accident (dd/mm/yyyy)

Approximate time of accident

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

In the accident, were you the:

☐ Driver ☐ Passenger ☐ Cyclist/Pedestrian ☐ Other (give details)

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

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

Details of all vehicles involved in the accident (Provide as much information as you can including your own vehicle)

Registration number	Driver's name	Driver's contact (e.g. phone, email)	Number of passengers

What is the registration number of the car you believe to be most at fault? (if known)

☐

Still being determined

☐

I'm unsure

4. About your health



Please outline any treatment you received as a result of your accident, and attach evidence of medical treatment relating to your injury, such as invoices for any treatment received, a hospital report from the time of the accident (if applicable) and/or a certificate of fitness which you can obtain from your GP.

5. Treatment details

Did you receive treatment at hospital after the accident?

☐

No ▶ If no, skip to next question.

☐

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

Name of the hospital where you were treated

Were you taken to hospital in an ambulance?

☐

No

☐

Yes

Have you been discharged from hospital?

☐

No ▶ If no, skip to next question.

☐

Yes ▶ If yes, please provide your date of discharge.

Date of discharge (dd/mm/yyyy)

DID YOU KNOW?

Fraudulent claims cost NSW motorists by adding to your CTP premiums

Fraud can include exaggerated claims, staged accidents, lying about a claim or providing false or misleading information to an insurer, doctor, health professional or lawyer. You can be punished for insurance fraud with a \$22,000 fine or up to two years in prison.

Were you suffering an illness or injury affecting the same or similar parts of your body at the time of the accident?

☐

No ▶ If no, skip to next question.

☐

Yes ▶ If yes, please describe your illness/injury (including the approximate date of injury).

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6. Employment and income information



Complete this section of the form if you would like to claim for lost income due to your injury. You will require proof of employment and wage information in the form of pay slips or tax invoices. Please see below for specific information depending on your employment status.

What if I am self employed?

Please provide evidence of your earnings over the last twelve months; including business activity statements or a letter from your accountant.

What if I don't have evidence of my earnings with me?

While you can still submit your claim, you may receive the interim weekly payment until you can provide verification of employment – such as a payslip, recent tax return or a contact for your employer.

7. Employment details

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

☐

No ► If no, skip to next question.

☐

Yes ► If yes, please provide dates away from work below.

Length of time off work due to the accident

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

☐

Full-time

☐

Part-time

☐

Casual

☐

Self-employed

☐

Unemployed/retired/student

What is your usual occupation?

Please provide your/your employer's company name

Please outline your earnings at the time of the accident (Please circle whichever time frame applies)

 Weekly / Fortnightly / Monthly / Annually

When calculating your earnings, please include overtime, regular bonuses and commission.

Were you receiving Centrelink benefits at the time of the accident?

☐

No ► If no, skip to next question.

☐

Yes ► If yes, please provide details below.

Type of Centrelink benefits received

8. Employer contact details

If you're self employed, skip this section and proceed to the next page.

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

☐

No ► If no, skip to next page.

☐

Yes ► If yes, complete the following.

Employer contact name

Mobile phone number

Email address

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

9. About your personal information

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



Why?

- To assist with your rehabilitation and to assist the insurer to better manage claims.
- 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.

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.

10. 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.

11. 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 personal injury statutory benefits 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)