



Application to compensate relatives

- Use this form to request compensation for the close relatives of a person who died as a result of a motor accident in NSW.
- 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.
- 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 person making the claim 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.**

1. Details of person making the claim

Are you the executor/administrator of the person deceased? Yes No

If no, what is your relationship to the deceased?

Full name

Date of birth (dd/mm/yyyy)

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Gender

 F M X

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

2. Claim contact details

Are you representing or acting on behalf of the claimant identified above?

No **If no, and you are the claimant and primary contact - skip to next page.**

Yes **If yes, please provide your contact information and details.**

Full name

Relationship to the claimant

Mobile phone number

Home phone number (if applicable)

Work phone number (if applicable)

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

3. Personal details of the deceased

Full name

Date of birth (dd/mm/yyyy)

Medicare number and reference number (if known)

Gender

 F M X

Driver's licence number (if known)

What is your relationship to the deceased?

4. About the accident

Please provide the 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)

Who was involved in the accident? (Provide as much information as you can)

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

5. Additional information

Were there any expenses or financial losses suffered by the deceased resulting from the accident in the time between the accident and the date of death? (e.g. intensive care fees, lost wages)

No ► If no, skip to next page.

Yes ► If yes, please outline these expenses or financial losses.

6. Funeral expenses



Please attach any invoices or receipts for funeral expenses alongside this form.
If the funeral costs have not yet been paid, please provide details for the funeral home below.

Funeral director name

Funeral director contact number

If the claimant hasn't been reimbursed for the cost of funeral expenses, please provide payment details.

Direct deposit Cheque

Account name

BSB

Account number

7. The deceased's employment and income



If the deceased had more than one paid job at the time of the accident, please include all employer details below and attach them to this form.

Was the deceased employed at the time of the accident?

No ▶ If no, skip to next question.

Yes ▶ If yes, please indicate their type of employment.

What was the deceased's employment status at the time of the accident?

Full-time Part-time Casual Self-employed (go to next section) Retired/Student

Company name

Employer's name

Employer's phone number

Employer's address (unit, number, street, suburb, state, postcode)

Standard weekly earnings of the deceased (include overtime, regular bonuses and commission)

\$ Gross pay

\$ Weekly tax paid

\$ Net pay

Was the deceased self-employed at the time of the accident?

No ▶ If no, skip to next page.

Yes ▶ If yes, please complete the section below.

Name of business

Type of business (e.g. building, accounting, optometry, childcare)

Estimated earnings lost (weekly)

\$

Accountant's name

Accountant's phone number

8. Additional financial sources

Was the deceased receiving any other form of income at the time of the accident?

(e.g. investments, workers' compensation, social security benefits or income protection payments)

No ► **If no**, skip to next question.

Yes ► **If yes**, please provide –

- workers compensation – the insurer and claim number.
- benefit – the social security number.
- disability or income protection policy – the insurer and policy number.
- investments – details of bonds, stocks, property etc.

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Prior to the accident, had the deceased person made any firm arrangements to stop work, start a new job, change duties, change working hours or earnings?

No ► **If no**, skip to next question.

Yes ► **If yes**, please provide details of when the new arrangements were expected to start and the name of the proposed employer (if applicable).

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9. Financial support provided by the deceased – part one



If any dependants are under 18 years, please attach a copy of each of their birth certificates. Please print out this page for each dependant you're claiming for and complete their details. If you need more space, please attach a separate page titled 'Financial support provided by the deceased'.

Dependant number of

10. Personal information and support details

Full name

Date of birth (dd/mm/yyyy)

Gender

F

M

X

Relationship to the deceased

Describe how much financial support the deceased person provided the dependant each week.

For example, consider money for board and allowances, food, clothing, housing services (housekeeping and childcare) rent, mortgage payments, car payments, car expenses, education expenses, health and medication expenses, utilities and entertainment.

Type of support (e.g. childcare)	\$ per week (e.g. \$250)	How it was provided (e.g. cash, direct deposit)

11. Financial support provided by the deceased – part two



If any dependants are under 18 years, please attach a copy of each of their birth certificates. Please print out this page for each dependant you're claiming for and complete their details. If you need more space, please attach a separate page titled 'Financial support provided by the deceased'.

Dependant number of

12. Dependant employment information

Is the dependant employed?

- No ► **If no**, skip to next question.
- Yes ► **If yes**, please provide employment details below.

Employer's name

Employer's phone number

Employer's address (unit, number, street, suburb, state, postcode)

Dependant's weekly earnings at time of deceased's death

 Gross pay Net pay

Dependant's weekly earnings at present

 Gross pay Net pay

Does the dependant have any other employment?

- No ► **If no**, skip to next question.
- Yes ► **If yes**, please attach details of all other employers to this form.

Does the dependant have any other income? (e.g. investments, pension, Centrelink, workers compensation, disability or income protection policy)

- No ► **If no**, skip to next page.
- Yes ► **If yes**, please describe what other kinds of income the dependant receives, including a weekly sum.

13. Declaration and authorisation

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.

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.

14. 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.

15. 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 the claim 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 deceased
- any funeral director, or mortuary service
- 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)