

South Australia Compulsory Third Party (CTP)

Fatality Claim Form

This form is to be completed by any person who is injured in a motor vehicle accident (please refer to Page 3 for more information).

If you are a driver, motorcyclist or registered owner involved in a motor vehicle accident where a person is injured, or fatality occurs, you must notify your CTP insurer of the accident.

Completing and submitting the Accident Report Form will ensure you comply with this requirement. The form can be found at www.ctp.sa.gov.au or is available from the CTP Insurance Regulator (refer address below).

CTP Insurance Regulator
GPO Box 1045
Adelaide SA 5001

Phone 1300 303 558

Fax 1300 617 531

If your motor vehicle is damaged, you may also need to report the accident to your motor vehicle insurer. You should check your reporting requirements with them.

This form must be lodged with the approved CTP insurer of the vehicle you believe caused the accident.

To find out the details of the approved CTP insurer, contact the CTP Insurance Regulator on 1300 303 558. You will need to provide the registration number of the vehicle that caused the accident.

If you have any queries, please call the CTP Insurance Regulator on 1300 303 508 (cost of a local call). Alternatively, further information may be found on the CTP Insurance Regulator website: www.ctp.sa.gov.au

PLEASE COMPLETE THIS FORM IN EITHER BLUE OR BLACK PEN.

Other languages

If you need an interpreter please telephone the Interpreting and Translating Centre on 1800 280 203 and ask to be connected to the CTP Insurance Regulator on 1300 303 558, between 8.30am and 5.00pm, Monday to Friday.

Chinese/中文

如果你需要翻译，请于星期一至星期五，上午8：30至下午5：00拨打翻译和口译中心（Interpreting and Translating Centre）的电话：1800 280 203，请他们帮你接通CTP保险监督的电话：1300 303 558。

Greek/Ελληνικά

Αν χρειάζεστε διερμηνέα σας παρακαλούμε τηλεφωνήστε στο Κέντρο Διερμηνείας και Μετάφρασης (Interpreting and Translating Centre) στο 1800 280 203 και ζητήστε να σας ενώσουν με το Ρυθμιστή Ασφάλισης Τρίτου Μέρους (CTP Insurance Regulator) στο 1300 303 558, μεταξύ 8.30 πμ και 5.00 μμ, Δευτέρα μέχρι Παρασκευή.

Hindi/हिन्दी:

यदि आपको दुभाषिया की आवश्यकता है तो कृपया Interpreting and Translating Centre को 1800 280 203 पर फोन करें और उनसे कहें कि आपको CTP Insurance Regulator से 1300 303 558 पर मिला दें। CTP Insurance Regulator का कार्यालय सोमवार से शुक्रवार को सुबह 8.30 से 5.00 के बीच खुलता है।

Italian/Italiano

Se hai bisogno di un interprete, telefona al Centro Interpreti e Traduttori (Interpreting and Translating Centre) al numero 1800 280 203 e chiedi di collegarti al Regolatore Assicurativo CTP (CTP Insurance Regulator) al numero 1300 303 558, fra le 8.30 e le 17.00, dal lunedì al venerdì.

Vietnamese/Tiếng Việt

Nếu quý vị cần một thông dịch, vui lòng gọi điện thoại cho Trung Tâm Thông Phiên Dịch (Interpreting and Translating Centre) theo số điện thoại 1800 280 203 và yêu cầu được nối máy đến Cơ Quan Kiểm Soát Bảo Hiểm Bên Thứ Ba Bắt Buộc (CTP Insurance Regulator) theo số 1300 303 558, trong khoảng thời gian từ 8.30 sáng đến 5.00 chiều, từ thứ Hai đến thứ Sáu.

What you need to know about this form

If someone has been fatally injured in a road crash you may be entitled to compensation.

If the accident happened on or after 1 July 2013 or a claim has not previously been submitted, you are required to complete this claim form.

The form will allow you to provide details about the accident, as well as the claim, to the approved CTP insurer that will manage the claim. The information will enable the approved CTP insurer to make early informed decisions about the claim.

The form also contains an authority for the approved CTP insurer to collect additional information to assist them in processing the claim. You are required to complete both the claim form and the authority. The approved CTP insurer is required to provide you with a copy of any information obtained using the authority within 21 days of the approved CTP insurer receiving that information.

The more information you are able to provide in this claim form, the quicker the approved CTP insurer will be able to process your claim and make informed decisions.

If you don't have some information available, you are encouraged to complete this claim form to the best of your ability – with as much information as you can. Missing information can be supplied later, or the approved CTP insurer may contact you to follow it up or gather it.

If there is not enough room to answer a question, additional space is provided on Page 11. Please make it clear on Page 11 which question you are responding to.

If you are under the age of 18, this form should be signed by a parent or guardian on your behalf.

You will be required to provide the relevant police report number for the accident (Question 23 on Page 05) and a death certificate (if available).

How long do I have to submit the claim form:

You are required to submit this claim form to the approved CTP insurer:

- as soon as reasonably practicable where:
 - (1) the identity of the motor vehicle at fault is not known, or
 - (2) the motor vehicle at fault was not insured, or;
- within 6 months of the motor vehicle accident in any other case.

What happens if the claim form is not completed?

The approved CTP insurer may decline to consider or deal with your claim if the claim form and authority are not properly completed or submitted outside the time frames listed above.

Where do I get more help to complete this form?

Please contact the approved CTP insurer if you require any further information or assistance in completing this claim form.

Further information about the claims process can be found at the CTP Insurance Regulator's website (www.ctp.sa.gov.au)

Privacy statement

Personal information collected in this Injury Claim Form and throughout the course of the claim will be collected and handled for the purposes of managing, assessing and investigating your claim, handling associated complaints and disputes, and for associated business activities (including detecting fraud).

You are required by the *Motor Vehicles Act 1959 (SA)* (MV Act) to provide certain information in connection with your claim. This includes providing the approved CTP insurer with such information as the approved CTP insurer requires. A fine may apply if you fail to do so and it may affect the approved CTP insurer's ability to accept and process your claim.

By lodging this form you consent to your personal information being collected and handled for the purposes above, in accordance with the MV Act, the *Compulsory Third Party Insurance Regulation Act 2016 (SA)*, this privacy statement and as otherwise authorised or required by law. Your consent also covers the collection of personal information (including sensitive information) from you, from the third parties described in the Statement to Obtain Authority to Give Information section below, and as otherwise required or authorised by law.

Your personal information may be disclosed between your approved CTP insurer, the CTPI Regulator, the Nominal Defendant, other approved CTP insurers, and other government agencies and third parties involved in the assessment of your claim (including those described in the Statement to Obtain Authority to Give Information on this form), and as otherwise authorised or required by law.

The privacy policy of each approved CTP insurer contains information about how you may access the personal information the insurer holds about you, how you may complain about a breach of the Australian Privacy Principles by the insurer and how they will handle a complaint. The name and contact details for privacy enquiries for each insurer who provides CTP insurance in South Australia, is set out on the South Australian CTP Regulator's website below, along with a link to their privacy policy.

www.ctp.sa.gov.au/insurers

Personal details

Office Use: Claim Number

Person completing the form

1 Mr Ms Mrs Miss Other

Surname

Given names

Have you been known by another name? Yes No

If yes, surname

Given names

2 Male Female

3 Date of birth / /

Country of birth

4 Language spoken at home

5 Do you require an interpreter? Yes No

6 Home address

Postcode

Postal address (if different to the above)

Postcode

7 Home phone no ()

Work phone no ()

Mobile no

Email

8 Relationship to deceased

Please provide proof of your identity (eg. drivers licence, passport or other identification).

Details of deceased

9 Mr Ms Mrs Miss Other

Surname

Given names

Has the deceased been known by another name? Yes No

If yes, surname

Given names

10 Male Female

11 Date of birth / /

Country of birth

12 Home address

Postcode

13 Occupation

14 Date of death / /

15 Death certificate number

Please attach a copy of the death certificate.

Accident details

Please complete as much information as you have available.

16 Was the deceased a Driver/Rider Cyclist Passenger/Pillion Pedestrian

17 Date of accident / / Time of accident am/pm

Weather

Road conditions

Place of accident

Suburb Postcode

18 How many vehicles were involved in the accident?

If the deceased was a cyclist or pedestrian, please go to Question 20

19 Nominate the at fault motor vehicle (registration) you consider cased the accident.

First vehicle

20 Details of vehicle the deceased was travelling in.
 Mr Ms Mrs Miss Other

Driver Surname

Given names

Driver phone no ()

Driver address

Postcode

Registration no

State of registration

Year (e.g. 1990)

Make and model (e.g. Mazda 6)

Body type (e.g. Sedan)

Colour

Second vehicle

21 Details of other vehicles involved in the accident.
 Mr Ms Mrs Miss Other

Driver Surname

Given names

Driver phone no ()

Driver address

Postcode

Registration no

State of registration

Year (e.g. 1990)

Make and model (e.g. Mazda 6)

Body type (e.g. Sedan)

Colour

Please continue on Page 11 if there are more than 2 vehicles involved.

Witness(es) details

22 Were there any witness(es) Yes No Unknown

If yes, please give details below

If no, please go to Question 23

Witness 1

Mr Ms Mrs Miss Other

Witness Surname

Given names

Witness phone no ()

Witness mobile

Witness address

Postcode

Witness 2

Mr Ms Mrs Miss Other

Witness Surname

Given names

Witness phone no ()

Witness mobile

Witness address

Postcode

Police report

23 Did the Police come to the scene of the accident? Yes No Unknown

Was the accident reported to the Police? Yes No

Police Report no

Police station

24 Is Police action going to be taken? Yes No Unknown

If yes, name of person charged

Offence committed

Circumstances of the accident

25 Description of the accident. (Describe how the accident happened and include a reference to road conditions, speed, traffic lights, road signs, peak hour etc and details of vehicle damage).

Claim and dependancy details

Funeral details

33 Are you claiming funeral costs? Yes No

If yes, please provide Funeral details

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.....

Funeral Costs \$

Please attach a receipt.

Dependency

A dependancy claim may be made by a person who relied on (or was dependant upon) the income and/or services of the deceased person.

34 Are you making a claim for yourself and/or any other dependants? Yes No Not sure

If no, please go to Page 10.

Earnings of deceased

35 Was the person employed? Yes No

If no, please go to Question 36

Occupation
Name of employer
Contact person's name
Contact phone no ()
Work address
Postcode
Usual weekly working hours Overtime
Usual weekly earnings (including overtime, regular bonuses & commission)
Gross pay \$ Net pay \$

Please attach proof of income

36 Was the person self-employed? Yes No

If no, please go to Question 37

Occupation
Work address
Postcode
Usual weekly working hours
Usual weekly earnings \$

Please attach proof of income.

Dependant spouse/partner

37 Mr Ms Mrs Miss Other

Surname

Given names

Have you been known by another name? Yes No

If yes, surname

Given names

38 Male Female

39 Date of birth / /

40 Home address

Postcode

Postal address (if different to the above)

Postcode

41 Home phone no ()

Work phone no ()

Mobile no

Email

42 Relationship Married Domestic Partner

If married, date of marriage / /

Place of marriage

If domestic partner, date commenced living together / /

43 What is your/their current status

Employed Self Employed At home

Student Unemployed Other

If other, details

44 If working or self employed;

Name of employer

Occupation

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

Gross pay \$ Net pay \$

Additional details

Please attach proof of income.

45 Do you/they have any other source of income Yes No

If yes, please provide details

Please attach proof of income.

Dependant 1

Please go to Page 10 if there are no further dependants.

46 Mr Ms Mrs Miss Other

Surname

Given names

Have you been known by another name? Yes No

If yes, surname

Given names

47 Male Female

48 Date of birth / /

49 Home address

Postcode

Postal address (if different to the above)

Postcode

50 Home phone no ()

Work phone no ()

Mobile no

Email

51 Relationship to deceased

52 What is their current status

Employed Self Employed At home
Student Unemployed Other

If other, details

53 If working or self employed,

Name of employer

Occupation

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

Gross pay \$

Net pay \$

Additional details

Please attach proof of income.

54 Do they have any other source of income Yes No

If yes, please provide details

Please attach proof of income.

Dependant 2

Please go to Page 10 if there are no further dependants.

55 Mr Ms Mrs Miss Other

Surname

Given names

Have you been known by another name? Yes No

If yes, surname

Given names

56 Male Female

57 Date of birth / /

58 Home address

Postcode

Postal address (if different to the above)

Postcode

59 Home phone no ()

Work phone no ()

Mobile no

Email

60 Relationship to deceased

61 What is their current status

Employed Self Employed At home
Student Unemployed Other

If other, details

62 If working or self employed,

Name of employer

Occupation

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

Gross pay \$

Net pay \$

Additional details

Please attach proof of income.

63 Do they have any other source of income Yes No

If yes, please provide details

Please attach proof of income.

Dependant 3

Please go to Page 10 if there are no further dependants.

64 Mr Ms Mrs Miss Other

Surname

Given names

Have you been known by another name? Yes No

If yes, surname

Given names

65 Male Female

66 Date of birth / /

67 Home address

Postcode

Postal address (if different to the above)

Postcode

68 Home phone no ()

Work phone no ()

Mobile no

Email

69 Relationship to deceased

70 What is their current status

Employed Self Employed At home

Student Unemployed Other

If other, details

71 If working or self employed,

Name of employer

Occupation

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

Gross pay \$ Net pay \$

Additional details

Please attach proof of income.

72 Do they have any other source of income Yes No

If yes, please provide details

Please attach proof of income.

Dependant 4

Please go to Page 10 if there are no further dependants.

73 Mr Ms Mrs Miss Other

Surname

Given names

Have you been known by another name? Yes No

If yes, surname

Given names

74 Male Female

75 Date of birth / /

76 Home address

Postcode

Postal address (if different to the above)

Postcode

77 Home phone no ()

Work phone no ()

Mobile no

Email

78 Relationship to deceased

79 What is their current status

Employed Self Employed At home

Student Unemployed Other

If other, details

80 If working or self employed,

Name of employer

Occupation

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

Gross pay \$ Net pay \$

Additional details

Please attach proof of income.

81 Do they have any other source of income Yes No

If yes, please provide details

Please attach proof of income.

Statement giving authority to obtain information

Schedule 1 – Motor Vehicles (Third Party) Regulations 2013

By completing this authority to obtain information (the authority) you are giving the approved CTP insurer that is managing your claim permission to obtain documentary information relevant to processing and assessing your claim.

I (please print)

date of birth / /

authorise the approved CTP insurer that is managing my claim and its agent/s, to obtain documentary information relevant to my claim for damages or other compensation in relation to the death of (specify):

.....
sustained on or about (date) / /

from the following people/organisations and for those people/organisations to disclose such information to the approved CTP insurer:

- (a) insurers that carry on the business of providing:
 - (i) compulsory third party insurance; or
 - (ii) income protection insurance; or
 - (iii) motor vehicle insurance; or
 - (iv) workers compensation insurance;
- (b) health practitioners;
- (c) hospitals, including private hospitals;
- (d) ambulance or other emergency services;
- (e) professional providers of rehabilitation services or persons professionally qualified to assess cognitive, functional or vocational capacity;
- (f) educational institutions;
- (g) my employer or my previous employer;
- (h) departments, agencies or instrumentalities of the Commonwealth, the State or another State, administering laws about health, police, transport, taxation or social welfare;
- (i) the Lifetime Support Authority of South Australia;
- (j) ReturnToWorkSA.

I approve a copy of the authority, including an electronic version, being treated as the original.

This authority is valid for the duration of my claim (unless revoked after the expiration of 6 months from the date of execution of the authority).

Signed

Relationship to deceased

Date / /

Details and signature of witnessing party (any person over 18 years of age)

Full name of witness

Signature of witness

.....
Date / /

Note:

1. If you wish to make a claim for damages or compensation you must sign this authority. This is required by law.
2. This authority will remain in force until your claim is resolved or you revoke it. However, you can not revoke this authority for at least 6 months after you sign it.
3. Prior to using this authority to obtain information, the approved CTP insurer, nominal defendant or agent must ensure the authority is valid and the information is relevant.
4. The claimant has the right to seek independent legal or other advice before signing the authority. You will be responsible for paying any fee for the advice.
5. The approved CTP insurer/nominal defendant or claims agent must provide you with a copy of any documents that they obtain under this authority within 21 days of receipt of those documents.

Acknowledgement

Questions in this form requesting information as to fault are not required by statute, and do not require you to assess who is at fault as a matter of law. You are requested to provide this information simply to assist with initial administration of the claims process.

Any information provided on this form as to fault is indicative only and can not constitute an admission of fault or wrongdoing by any person for legal purposes.

Declaration

Please read the Declaration carefully before signing.

It will assist us in dealing with your claim if the declaration is properly completed and witnessed.

The person completing this form should sign the declaration unless he/she is under 18 years of age or is unable to make the declaration. In this case a parent or guardian of the injured person should sign the declaration.

All information you have given in the claim form must be true and correct in every respect.

Under Section 124(6a) of the Motor Vehicles Act 1959, you can be fined up to \$50,000 or be imprisoned for up to one year for knowingly providing false or misleading information.

I (full name)

declare that, to the best of my knowledge, the information given in this Claim Form is true and correct in every respect.

Signature of claimant

.....
(Parent or guardian must sign if claimant is under 18 years of age)

Date / /

Details and signature of witnessing party (any person over 18 years of age)

Full name of witness

Signature of witness

.....
Date / /



We appreciate that your time is valuable; however the more information you can supply at this stage will assist us in processing your documentation.

Please ensure you have completed the following:

- Nominated the motor vehicle (registration) and person you consider caused the accident.
.....
- Signed the statutory declaration on Page 10 in the presence of a witness over the age of 18.
.....
- Attached death certificate (if available).
.....
- Attached to the claim form any original accounts or receipts you may already have.
.....
- Attached proof of income for the deceased (if relevant).
.....
- Attached proof of income of dependants (if relevant).
.....
- Attached a copy of drivers licence or other proof of identity.
.....
- Attached a copy of breath analysis docket or Blood Alcohol certificate (2 pages) where available.
.....
- Made a copy of the claim form, certificates, accounts, receipts, etc for your own record.
.....

Please ensure that all other sections of the form/s are completed to the best of your ability.

If you have any questions about the completion of the forms please contact us on 1300 303 558 and we will be happy to assist with your enquiry.