

# ACCIDENT NOTIFICATION FORM



**MOTOR ACCIDENTS  
AUTHORITY**

THIS CLAIM FORM IS APPROVED BY THE MOTOR ACCIDENTS AUTHORITY OF NSW. IT IS TO BE USED FOR CLAIMS MADE UNDER THE MOTOR ACCIDENTS COMPENSATION ACT 1999 AFTER 1 OCTOBER 2007

## If you have been injured in a motor vehicle accident in NSW, you may be able to immediately claim up to \$500 for your treatment if:

- The accident was caused or mainly caused by another vehicle, or
- You were under 16 years of age and lived in NSW at the time of the accident and you were at fault, or
- You were injured in a blameless accident where the driver or owner of a motor vehicle was not at fault.

### You need to:

1. Obtain the registration number of the vehicle that caused the accident
2. Report the accident to the police if they did not attend the accident
3. Obtain the event number of the accident from the police
4. Call 1300 656 919 to find out the Green Slip or Compulsory Third Party (CTP) insurer of the vehicle that caused the accident
5. Complete and send this form to the insurer within 28 days of the accident: you must complete the accident information, sign the declaration and get your doctor to complete the medical certificate
6. The insurer will let you know whether it will pay for reasonable and necessary medical treatment within 10 days
7. The insurer will provide you with a claim number that must be used in all correspondence.

### If you have any questions

If you have any questions, would like more information, a brochure, or need help completing this form, call the MAA's Claims Advisory Service on **1300 656 919** or visit **[www.maa.nsw.gov.au](http://www.maa.nsw.gov.au)**

### Interpreter service

If you need an interpreter to help you read this form, call **02 9231 3288** during office hours.

### Your information is confidential

The information in this form will be treated confidentially. Only staff of the Motor Accidents Authority (MAA), CTP insurers and other approved bodies with proper legal authority are allowed to access your information and are restricted in how they use the information. You have the right to access and correct information about you held by the MAA or CTP insurers. If you consider:

- that your personal information has been handled incorrectly by the MAA, you can ask the authority to undertake an internal review or you may contact Privacy NSW
- an insurer has handled your information incorrectly, you may contact the relevant insurer for an internal review of the Office of the Federal Privacy Commissioner.

CTP insurers are bound by national privacy principles. You may visit the licensed insurers' websites or contact them directly to request information on how to access your personal information, seek an internal review or determine with whom they share the information.

**THIS FORM MUST BE COMPLETED AND SENT TO THE CTP INSURER WITHIN 28 DAYS OF THE ACCIDENT**

# INFORMATION FOR PEOPLE INJURED IN A MOTOR VEHICLE ACCIDENT

## Eligibility for early payment of treatment expenses

1. If you have been injured in a motor vehicle accident caused, or mainly caused, by the fault of another driver you may be able to immediately claim up to \$500 for your treatment expenses.
2. If you were under 16 years and lived in NSW at the time of the accident, you may still claim up to \$500 for your treatment expenses even if the accident was not caused by any fault of the driver of the motor vehicle. For children under 16 years, the accident will be deemed to have been caused by the owner/driver of the motor vehicle.  

This special benefit exists to ensure that children can make a claim even if they were at fault in the accident. The Accident Notification Form provides for hospital, medical, pharmaceutical and rehabilitation expenses up to \$500 for these injured children.
3. If you were injured in an accident on or after 1 October 2007, you may be able to claim up to \$500 for your treatment expenses even if the accident was a blameless motor accident. A blameless accident is a motor accident in which the driver or owner of a motor vehicle was not at fault. Examples of blameless motor accidents could include accidents resulting from the sudden illness of the driver, such as heart attack or stroke or vehicle failure, such as a tyre blow-out.
4. If you were 16 or older, you should not submit a claim if you were the driver completely at fault in the accident.

## Information required to claim these treatment expenses

To claim these expenses you will need:

- The registration number of the vehicle that caused, or mainly caused, the accident
- The event number of your accident from the police – if a police officer did not attend the accident you must report the accident to the police
- To send the form to the insurer within 28 days of the accident.

If you cannot identify the vehicle that caused the accident contact the MAA's Claims Advisory Service on 1300 656 919 for assistance.

## Payment of treatment expenses

Your treatment accounts should be sent to the insurer, including the account for completion of the medical certificate by your doctor. You should include with the accounts, your name, the date of accident, the registration number of the vehicle that caused the accident and the reference number given to you by the insurer.

## Important additional information

The insurer is only obliged to pay up to \$500 for your reasonable and necessary treatment expenses. The insurer may use approved treatment guidelines in deciding what is reasonable and necessary. The agreement by the insurer to

pay these accounts is not an admission of liability, or an agreement to pay any other expenses.

If you are unable to complete and lodge an Accident Notification Form within 28 days of the accident you should contact the insurer to obtain a Personal Injury Claim Form.

## When you should submit a CTP Personal Injury Claim Form

- If your treatment costs will exceed \$500, or
- If you are unable to lodge the Accident Notification Form within 28 days, or
- If you cannot identify the vehicle that caused the accident, or
- If you wish to claim other compensation,

## You should submit a Personal Injury Claim Form to the CTP insurer as soon as possible.

Your claim may not be accepted if the insurer does not receive your completed Personal Injury Claim Form **within 6 months** of the accident. You can obtain the claim form from the insurer of the vehicle that caused the accident.

## Entitlements of claimants

Under the Motor Accidents Scheme, if another driver was at fault in the accident, or the accident was a blameless accident, you are entitled to compensation for your economic loss such as:

- Loss of income (except for the first five days)
- Reasonable and necessary medical, pharmaceutical, rehabilitation, respite care and attendant care expenses.

If you have a serious, permanent injury you may also be able to claim payment for your pain and suffering (non-economic loss).

## Completing this form

You will need to provide:

- details of the police event number,
- the registration number of the vehicle that caused the accident,
- the registration numbers of other vehicles involved in the accident,
- your role in the accident,
- and a brief description of the accident.

You are required to make a declaration giving permission for the insurer paying your treatment costs to contact your doctor and other treatment providers (e.g. physiotherapist). If the accident also involves a Workers' Compensation Claim then the insurer may need to contact the workers' compensation insurer.

If you were 16 or older, you are also required to make a declaration that the accident was not wholly or mainly your fault.

This form includes a medical certificate, which should be completed by your doctor. It will include details of your injuries, the results of any medical investigations and recommended treatment.

# ACCIDENT NOTIFICATION FORM – TO BE COMPLETED BY THE INJURED PERSON

Surname/family name  Given name(s)  Date of birth  Sex  
M  F

Address

Phone numbers  
Home:  Work:  Mobile:

Time lost at work  
Weeks:  Days:  Have you returned to work? Yes  No

Occupation  Name of employer

Date of accident  Time of accident  am/pm  
Place of accident - include street, town or suburb and state

Name of police officer attending the accident  Police station  Police 'event' number

Your part in the accident: Driver  Passenger  Motorcycle rider  Pillion passenger  Cyclist  Pedestrian  Other

1) Vehicle causing the accident  
Registration No.  Make  Driver & phone No.  Owner

2) Vehicle you were travelling in  
Registration No.  Make  Driver  Owner

3) Other vehicle/s involved in the accident if known  
Registration No.  Make  Driver  Owner

Diagram of the accident  Brief description of the accident

This declaration must be signed by the injured person unless he/she is under 18 or unable to make the declaration. In that case, the declaration must be made by a parent, guardian, relative or friend on the injured person's behalf. It is an offence under the the Motor Accidents Compensation Act 1999 to knowingly make a false or misleading statement in this form. Information that is knowingly false or misleading may result in a fine of up to \$5,500 or imprisonment for up to 12 months, or both. This declaration allows the insurer to obtain records or information which may affect your claim, including any information about treatment you have received from a doctor or hospital.

I declare that to the best of my knowledge the information given in the Accident Notification Form is true and correct in every respect. I declare that to the best of my knowledge I was not wholly or mainly at fault in this accident OR the claimant is under 16 years of age.

I authorise the Nominal Defendant or the insurer against whom this claim is made to contact and obtain information and documents which are relevant to this claim for treatment expenses from any:

- doctor, ambulance service, hospital or other health service provider
- Lifetime Care and Support Authority (LTCSA)
- police department
- Workers' Compensation insurer.

Name  Signature  Date

Details of the person signing on behalf of the injured person  
Relationship to injured person  Phone contact  Reason injured person could not sign

This form must be sent to the CTP insurer within 28 days of the accident.

# MEDICAL CERTIFICATE - TO BE COMPLETED BY TREATING DOCTOR

Injured person's surname/family name  Given name(s)  Date of birth  /  /

Date of accident  /  /  Date of examination  /  /  Are the injuries/conditions consistent with the circumstances of the motor accident described to you? Yes  No

Medical diagnosis or description of the injury

Clinical findings (symptoms, results of any investigations)

Did the patient attend hospital? Yes  No

Name of hospital?

Was the patient admitted to hospital? Yes  No

Treatment plan likely to be required: Short term (6 weeks)  Medium term (6-12 weeks)  Long term (>12 weeks)

Refer to:

Specialist

Therapy

Other

Type	Name of person	Phone number or contact details
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe the patient's fitness for work:

Fit to resume normal duties on  /  /   
Fit for alternative duties on  /  /   
Unfit for work from  /  /  To  /  /

Date of next medical review

/  /

Does the patient need an interpreter?

No  Yes

Language

Doctor's name (please print)

Provider number

Address of practice

Postcode

Phone number

(  )

Area of specialty

**I declare that I am a registered medical practitioner and to the best of my knowledge, the information provided here is true and correct.**

Signature

Date

/  /

**AMA fees apply for all medical services. Fee for completing forms: \$16**

For further information or forms contact the Motor Accidents Authority of NSW on 1300 656 919 or fax 1300 137 707