



Personal Injury Commission (Motor Accidents Division) Application Form

Use this form if you are making an application to resolve a dispute or issue about a motor accident that occurred on or after 1 December 2017. You may also complete this form by phoning us on 1800 PIC NSW (1800 742 679).

- Any attachments will form part of this form
- If you need assistance about this form please contact the Personal Injury Commission on 1800 742 679 or email help@pi.nsw.gov.au
- You will be asked on the final page to confirm if the details submitted in the application are true and correct. Making a false or misleading claim or statement is punishable by law and could result in prosecution.

When you have lodged this form, we will provide a copy to the other party involved in this dispute and give them an opportunity to reply. When we have received their reply, your Dispute Officer will contact you to advise how the dispute will proceed.

Our commitment to you

We are committed to the quick, cost-effective and independent resolution of disputes. More complex issues can sometimes take longer to resolve. If a decision is likely to take longer than usual, we will keep you informed of the progress and notify you in a timely manner.

You are able to play an active role in the application. For example, you can do this by:

- providing us with any relevant information about your application, such as details of pre-existing injuries and conditions and any information we may request
- keeping us informed of any relevant changes in circumstances, such as changes to your contact address or phone number

More information

For general information about the Personal Injury Commission, please visit our website at www.pi.nsw.gov.au.

Lodgment of application

Please submit your application to:

Personal Injury Commission

Motor Accidents Division

Level 21, 1 Oxford Street

Darlinghurst NSW 2010

or email help@pi.nsw.gov.au

Section 1: Who is lodging this application?

This application is made by:

Claimant Claimant's representative Insurer Insurer's legal representative

Section 2: Accident details

Date of accident (DD/MM/YYYY)

Location of accident

Section 3: Claimant information (details of the person to whom this claim relates)

Title

Surname/family name

Given name

Date of birth (DD/MM/YYYY)

Claimant contact details

Street address (include unit/street/property/lot number if applicable - must not be a PO Box)

Suburb

State

Postcode

Country (if outside Australia)

Postal address (if different from street address)

Suburb

State

Postcode

Country (if outside Australia)

Preferred daytime contact number

Mobile number

Does the claimant prefer to communicate via email?
(If yes, all correspondence from DRS will be via email)

Yes No

Email

Claimant personal information

Interpreter required?

Yes No

If yes, what language

Disabled access required?

Yes No

Disability details

Is the claimant a person under legal incapacity? (Refer section 11).

Yes (you must complete section 11) No

Section 4: Claimant's representative and contact authority

Claimant's representative

Does this claimant have a legal representative? (If yes, provide details below).

Yes No (go to section 5)

Please select the type of representative.

Legal Personal

Claimant's representative contact details

Firm (Legal representative only)

DX address (NSW DX only) (Legal representative only)

Reference (Legal representative only)

Business phone number (Legal representative only)

Claimant's representative name

Postal address

Suburb

State

Postcode

Email

Phone number

Contact authority (claimant to complete)

The claimant hereby gives permission for the Personal Injury Commission to contact the below named person who has been designated as an authorised contact person for this matter to discuss the claim if necessary.

Contact name

Contact number

Relationship to claimant (eg family, friend, lawyer, guardian)

Does the authorised contact prefer to communicate via email?
(If yes, all correspondence from DRS will be via email)

Yes

No

Email

Section 5: Insurer information

Including NSW CTP insurers, interstate insurers, the Nominal Defendant, other corporations or individuals against whom a claim is made.

Details of CTP insurer or other entity

Name of insurer

Insurer claim number

Postal address or DX address (NSW DX only)

Suburb

State

Postcode

Is the insurer acting for the Nominal Defendant?

Yes

No

Details of claims officer or other entity

Title

Name

Business phone number

Email

Section 6: Insurer or other entity representative details

Representative details

Does this insurer or other entity have a legal representative? (If yes, provide details below).

Yes No

Representative contact details

Firm

Postal address or DX address (NSW DX only)

Suburb

State

Postcode

Representative name

Reference

Business phone number

Email

Section 7: Application details

Please tick the box or boxes below which best describe the dispute or issue to be resolved. You can include more than one dispute/issue. If the claimant has had more than one accident, please use separate forms for each accident.

Merit review Medical assessment Claims assessment Unsure

Has the insurer completed an internal review?

Yes No Unsure

If no, have you requested an internal review?

Yes No

What was the date you requested the internal review?

 (DD/MM/YYYY)

If yes, provide the date of internal review and the date internal review was received

Date of internal review decision

 (DD/MM/YYYY)

Date the internal review decision was received

 (DD/MM/YYYY)

What is the dispute/issue?

Explain what the dispute or issue is and what you think the decision should be. Please include date of decision and decision maker name if known. If you have new information you should explain how it supports your application. If you need more space, please attach your information as a separate document to this form.

Section 8: Supporting documents

List and attach the documents that you want considered with your application. Please list documents that support your application. If you have not provided any of these documents to the insurer previously, please attach them below:

Please number each document you attach (A1, A2 etc)

Document number	Name of document (eg report from Dr J Smith)	Date DD/MM/YY	Documents to be supplied by the insurer (Y/N)	Page number
A1				
A2				
A3				
A4				
A5				
A6				
A7				
A8				
A9				
A10				
A11				
A12				
A13				
A14				
A15				
A16				
A17				
A18				
A19				
A20				
A21				
A22				
A23				
A24				
A25				
A26				
A27				
A28				
A29				
A30				

If you need more space, please attach your information as a separate document to this form and continue the numbering from this page and attach it to your application.

Section 9: Privacy Notice

Maintaining the privacy of personal information and health information is important to the Personal Injury Commission (**Commission**). The Commission collects and uses personal information and health information to exercise its statutory powers and to carry out its statutory functions as well as other related activities, including to register application forms such as this Form and to make decisions about disputes or claims.

Such personal information and health information may include, but is not limited to, the information contained, or referenced in, this completed Form, any other information which is provided by an Applicant, its representatives or a party or insurer in connection with proceedings before the Commission and/or such other information as may be obtained by the Commission or its members and staff in connection with the Commission exercising its statutory powers and carrying out its statutory functions as well as related activities or complying with any other obligations at law.

The Commission may disclose personal information and health information that it holds to another person (e.g. a doctor or a party to Commission proceedings etc) or to a Commonwealth or State Government department or agency (for example, Centrelink) as required or authorised by law. The Commission may also disclose personal information and health information to the State Insurance Regulatory Authority (**SIRA**) as required or authorised by law (including under the *Motor Accident Injuries Act 2017* (NSW)) and for the purpose of assisting SIRA to exercise its statutory powers and to carry out its statutory functions.

The Commission's decisions will be published in accordance with section 58 of the *Personal Injury Commission Act 2020* (NSW). An application for de-identification or redaction of a decision can be made by a relevant person at any time during the proceedings.

More detailed information about the way that the Commission may collect, use and disclose your information is available at <https://pi.nsw.gov.au/resources/privacy>.

Applications to the Commission to access and correct any personal information and health information should be made in writing to the Commission, Level 21, 1 Oxford Street, Darlinghurst, NSW, 2010.

Section 10: Declaration

Who is completing this application?

Insurer Insurer representative Claimant Claimant's representative

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

- All information you have provided in this 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 claimant or their legal/personal representative 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 claimant must sign the declaration.

I,

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.

Signature

Date (DD/MM/YYYY)

This form is approved by the President of the Personal Injury Commission in accordance with Rule 16 of the Personal Injury Commission Rules 2021. The President of the Personal Injury Commission may refuse to accept a reply if the reply does not comply (Rule 17(2) of the Personal Injury Commission Rules 2021).

Section 11: Application to be an appointed representative of a person under legal incapacity

Please complete this section if you are seeking to be appointed as a representative of the respondent who is under legal incapacity.

A person under legal incapacity may not make any application or refer any matter to the Personal Injury Commission, or carry on proceedings, except by his or her appointed representative in accordance with section 7.47(1) of the MAI Act and Procedural Direction MA4.

Please indicate the legal incapacity of the claimant and provide evidence in support (eg Birth certificate, Guardianship Order or Financial Management Order):

- child under the age of 18 years
- an involuntary patient or forensic patient within the meaning of the *Mental Health Act 2007*
- a person under guardianship within the meaning of the *Guardianship Act 1987*
- a protected person within the meaning of the NSW *Trustee and Guardian Act 2009*
- an incommunicative person, being a person who has such a physical or mental disability that he or she is unable to receive communications, or express his or her will, with respect to his or her property or affairs

Does the claimant already have an appointed representative?

If you already have been appointed as a representative, an application for appointment does not need to be made however we will require details of the terms of the existing appointment.

Yes (please provide a copy of the terms of the existing appointment)

No, please complete the following:

Name of the person seeking appointment

Postal address or DX address (NSW DX only)

Suburb

State

Postcode

Phone number

Relationship to the claimant

Email

Consent to appointment

I,

consent to being appointed as the representative of

and declare that I do not have any interest in the proceedings adverse to the interests of the person under legal incapacity.

Signature

Date (DD/MM/YYYY)