

Reply to an application for further general assessment of damages

Under section 111 of the *Motor Accidents Compensation Act 1999*

This form is approved by the Authority in accordance with clause 10.1.1 of the Claims Assessment Guidelines.

Use this form only if:

- You have received an acknowledgement from Claims Assessment and Resolution Service (CARS) of a CARS 3A application for further general assessment.

Instructions on completing the reply form:

- You must lodge the reply form within 20 working days of the date CARS sent the acknowledgement of the CARS 3A application. Send it to:
 - The applicant, with a copy of all the material in support of the reply that has not previously been supplied
 - CARS, with all material in support of the reply

If your reply is not received within that time, the Principal Claims Assessor (PCA) may conduct an allocation review in absence of a reply (cl. 12.4).

How to lodge the application:

In person/Mail:

SIRA Dispute Resolution Services
Claims Assessment and Resolution Service
State Insurance Regulatory Authority
Level 19, 1 Oxford Street,
Darlinghurst NSW 2010

Document Exchange:

SIRA Dispute Resolution Services
Claims Assessment and Resolution Service
State Insurance Regulatory Authority
DX 10 Sydney

For assistance please contact:

DRS on 1800 34 77 88
Email DRSEnquiries@sira.nsw.gov.au
Visit www.sira.nsw.gov.au



If you need an interpreter to help you read this form, please contact:

إذا احتجت إلى مترجم لمساعدتك في قراءة هذه الإستمارة، يرجى الاتصال بـ:

如果您需要口译员帮助您阅读此表格, 请联系:

如果您需要口譯員幫助您閱讀此表格, 請聯絡:

이 양식을 읽는데 도움이 되는 통역사가 필요하시면 아래로 연락하십시오:

Nếu quý vị cần một thông dịch viên để giúp quý vị đọc mẫu đơn này, xin vui lòng liên lạc:

اگر به مترجم نیاز دارید که در خواندن این فرم کمکتان کند، لطفاً با ما تماس بگیرید:

Associated Translators & Linguists

Level 5, 72 Pitt Street, Sydney NSW 2000
Office hours: 8.30 am to 5.00 pm, Monday to Friday

Telephone: (02) 9231 3288 Fax: (02) 9221 4763
Email: atl@atl.com.au Website: www.atl.com.au

Section 1: Reply

This reply is made by:

Claimant

Claimant's legal representative

Other/Non-CTP

Insurer

Insurer's legal representative

Claimant name

Matter number

Section 2: Claimant information (details of the person who made this claim)

Title

Surname/family name

Given name

If known by another name

Date of birth (DD/MM/YYYY)

Gender

M

F

Other

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 to Street address)

Suburb

State

Postcode

Country (if outside Australia)

Preferred daytime contact number

Mobile number

Email

Claimant personal information

Interpreter required?

If yes, what language

Yes

No

Do you have a disability we should know about to help you during the application process?
Specify the disability

Claimant unavailable dates

Contact authority (claimant to complete)

The claimant hereby gives permission for CARS and CTP Assist to contact the below named person who has been designated as an authorised contact person for this matter to discuss my claim if necessary.

Authorised contact name

Authorised contact number

Relationship to claimant (eg family, friend, lawyer)

Email

Claimant's legal representative details

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

Yes

No

Claimant's legal representative contact details

Firm

Postal address or DX address (NSW DX only)

Suburb

State

Postcode

Claimant's legal representative name

Reference

Business phone number

Email

Section 3: Insurer information

Is the information the applicant gave in section 3 correct?

Yes (go to section 4)

No (provide correct details)

Details of CTP insurer (or non-NSW CTP insurer)

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

Title

Claims officer name

Business phone number

Email

Insurer's legal representative details

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

Yes

No

Insurer's legal representative contact details

Firm

Postal address or DX address (NSW DX only)

Suburb

State

Postcode

Corporation/individual's legal representative name

Reference

Business phone number

Email

Details of corporation/individual (complete this section if the claim is not made against a CTP insurer.
For example, a transport company, warehouse or employer.)

Name

Postal address or DX address (NSW DX only)

Suburb

State

Postcode

Country (if outside Australia)

Insurer's legal representative name

Business phone number

Email

Corporation/individual's legal representative details

Does this corporation/individual have a legal representative? (If yes, provide details below)

Yes

No

Corporation/individual's legal representative contact details

Firm

Postal address or DX address (NSW DX only)

Suburb

State

Postcode

Section 4: Assessment and court referral information

Is the information the applicant gave in section 4 correct?

Yes (go to section 5)

No (provide correct details)

If a copy of the court order or judgment was not attached to the application, please attach it to your reply if available.

Court filing number

Date of court hearing or order

Name of referring Judge or court officer

Previous CARS matter number. The CARS matter number can be found on the s 94 certificate issued by the CARS assessor.

Section 5: Details of new evidence

Do you wish to obtain any evidence in reply to the new evidence presented?

Yes (provide details below)

No

Section 6: Document information (do not attach originals)

i Documents **MUST** be provided to the other party.
You must number the first page of the top right hand corner of each document in accordance with the list below.

Please refer to cl. 17.14 of the Claims Assessment Guidelines for lodgement of late additional documents or information.

Document number	Name of document <i>(eg report Dr J Smith)</i>	Date <i>(eg 29/07/2018)</i>
R1		
R2		
R3		
R4		
R5		
R6		
R7		
R8		
R9		
R10		
R11		
R12		
R13		
R14		
R15		
R16		
R17		
R18		
R19		
R20		
R21		
R22		
R23		
R24		
R25		
R26		
R27		
R28		
R29		

i You must send to CARS this reply and all supporting documentation.
You must send to the applicant a copy of this reply and all supporting documentation that has not previously been supplied to the applicant.
If the reply is accepted, a copy of all documentation provided by the parties will be provided to the assessor who will assess the claim.

If you need more space, you should use the 'extra documents information' page, continue the numbering from this page and attach it to your reply.

Important facts about privacy

In handling personal and health information, the Authority is subject to the NSW *Privacy and Personal Information Protection Act 1998* and the NSW *Health Records and Information Privacy Act 2002*. The information we ask you to provide is required to enable the Authority to carry out its functions under the *Motor Accidents Compensation Act 1999*, in accordance with the Medical Assessment Guidelines.

If relevant information is not provided, the Authority may be unable to process your application.

The information collected by the Authority is for the purpose of dealing with your application. It will be used for this purpose and for any subsequent consideration of matters relevant to the claim. It may also be used for associated administrative purposes including the monitoring and review of the Motor Accidents Scheme.

Authority staff involved in these functions, any assessor(s) assigned to consider your application and their support staff will have access to the information.

You have rights to access personal and health information about you held by the Authority and to correct this information in certain circumstances. Further details about how to exercise these rights is available from the SIRA Privacy Officer on 1300 656 919.

The information will be held and stored by the State Insurance Regulatory Authority, Level 19, 1 Oxford Street, Darlinghurst NSW 2010.

Section 7: Signature section

The signature of person completing this form:

Claimant	Claimant's legal representative	Insurer	Insurer's legal representative	Other
If other, relationship to claimant				

Surname/family name

Given name

Signature

Date reply form completed (DD/MM/YYYY)

Reason why claimant did not sign (if not legally represented)

Date reply form sent to the applicant (DD/MM/YYYY)

Date reply form sent to CARS (DD/MM/YYYY)