

# Application for special assessment of procedural claims disputes

Under section 96 of the *Motor Accidents Compensation Act 1999*

This form is approved by the Authority in accordance with clause 11.1.1 of the Claims Assessment Guidelines.

**If the claim was made before 1 October 2008, use this form for assessment whether:**

- a late claim may be made in accordance with s 73 (s 96(1)(a));
- the claimant has a satisfactory explanation for non-compliance with the police accident report requirement under s 70 (s 96(1)(b));
- a claim may be rejected for non-compliance with s 74 (s 96(1)(c));
- a payment is required to be made under s 83 (not being a medical dispute that may be referred to a medical assessor under Part 3.4) (s 96(1)(e));
- the insurer is entitled to delay the making of an offer of settlement under s 82 on the grounds that any particulars about the claim are insufficient (s 96(1)(d)).

**If the claim was made on or after 1 October 2008, use this form for assessment of whether:**

- a late claim may be made in accordance with s 73 (s 96(1)(a));
- the claimant has a full and satisfactory explanation for non-compliance with the police accident report requirement under s 70 (s 96(1)(b));
- a claim may be rejected for non-compliance with s 74 (s 96(1)(c));
- a payment is required to be made under s 83 (not being a medical dispute that may be referred to a medical assessor under Part 3.4) (s 96(1)(e));
- the insurer is entitled to delay the making of an offer of settlement under s 82 (s 96(1)(d));
- for the purposes of s 34 (Claim against Nominal Defendant where vehicle not identified) there has been due inquiry and search to establish the identity of a motor vehicle (s 96(1)(a1));
- a payment is required to be made under s 84A (Duty of insurer to make interim payments in case of hardship). This dispute can only be assessed by Claims Assessment and Resolution Service (CARS) in relation to claims made in respect of accidents that occurred on or after 1 October 2008 (s 96(1)(f));
- a request made of a claimant under s 85 (Duty of claimant to co-operate with other party) is reasonable or whether a claimant has a reasonable excuse for failing to comply (s 96(1)(g));
- the insurer is entitled to give a direction to the claimant under s 85B (Consequences of failure to provide relevant particulars of claim) (s 96(1)(h));
- a claim that is taken to have been withdrawn under s 85B, should be re-instated (s 96(1)(i)).

**Instructions on completing the application form:**

The applicant must complete this form and send it to:

- a. The respondent, with a copy of all the material in support of the application that has not previously been supplied
- b. CARS with all material in support of the application.

**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](mailto:DRSEnquiries@sira.nsw.gov.au)  
Visit [www.sira.nsw.gov.au](http://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](mailto:atl@atl.com.au) Website: [www.atl.com.au](http://www.atl.com.au)

## Section 1: Application

This application is made by the:

Claimant      Claimant's legal representative      Other/Non-CTP      Insurer  
Insurer's legal representative

Claimant name

## Section 2: Details about the accident

Date of accident (DD/MM/YYYY)      Location of accident

If you are the claimant, the date the completed claim form sent to the insurer (DD/MM/YYYY)

If you are the insurer, the date the completed claim form received by the insurer (DD/MM/YYYY)

## Section 3: 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

### Contact authority (claimant to complete)

The claimant hereby gives permission for CARS and the 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 4: Insurer information

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

Is the person/entity against whom the claim is made a NSW CTP insurer?

**OR**

Is the person/entity against whom the claim is made a non-NSW CTP insurer?

**OR**

Is the person/entity against whom the claim is made a corporation or an individual?

### 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

Insurer'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)

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

Corporation/individual's legal representative name

Reference

Business phone number

Email

## Section 5: Preferred location of assessment (you may choose only one)

In accordance with cl. 15.16 of the Claims Assessment Guidelines the location must be a place where CARS is able to conduct an assessment according to the list of locations in Schedule 1 of the guidelines.

You may nominate an alternate location below however you should not assume that the assessment will take place at that location.

### Sydney

Other within NSW (if a location outside of the Sydney metropolitan area)

Other (Interstate)

Other (International)

## Section 6: Dispute information

- For claims made before 1 October 2008, complete section 6A
- For claims made on or after 1 October 2008, complete section 6B

Please select **one** dispute from either section 6A or section 6B. You must complete a separate application for each dispute.

### Section 6a: Claims made **BEFORE** 1 October 2008

Section 96 (as in force before 1 October 2008) applies.

This is an application for assessment of a dispute about whether:

#### 6A(a)

**A late claim may be made in accordance with s 73 (s 96(1)(a)).**

This dispute relates to s 73 of the Act (as in force before 1 October 2008).

You **must** attach the following documentation:

- Statement of issues in dispute;
- Claimant's explanation for delay in lodging the claim form;
- Insurer's letter rejecting the claimant's explanation for the delay in lodging the claim form.

OR  
6A(b)

**The claimant has a satisfactory explanation for non-compliance with the police accident report requirement under s 70 (s 96(1)(b)).**

This dispute relates to s 70 of the Act (as in force before 1 October 2008).

You **must** attach the following documentation:

- Statement of issues in dispute;
- Claimant's explanation for failure to report the accident to the police;
- Insurer's letter rejecting the claimant's explanation for the failure to report the accident to the police.

To assist with the resolution of the dispute, please attach any report that was made to the police.

OR  
6A(c)

**A claim may be rejected for non-compliance with s 74 (s 96(1)(c)).**

This dispute relates to s 74 of the Act (as in force before 1 October 2008).

You **must** attach the following documentation:

- Statement of issues in dispute;
- Insurer's letter rejecting the claim form.

OR  
6A(d)

**A payment is required to be made under s 83 (not being a medical dispute that may be referred to a medical assessor under Part 3.4) (s 96(1)(e)).**

This dispute relates to s 83 of the Act (as in force before 1 October 2008).

You **must** attach the following documentation:

- Statement of issues in dispute;
- Insurer's letter refusing payment.

OR  
6A(e)

**The insurer is entitled to delay the making of an offer of settlement under s 82 on the ground that any particulars about the claim are insufficient (s 96(1)(d)).**

This dispute relates to s 82 of the Act (as in force before 1 October 2008).

You **must** attach the following documentation:

- Statement of issues in dispute.

To assist with the resolution of the dispute, if available, please provide the following documentation:

- a copy of all relevant particulars that were provided by the claimant to the insurer;
- any correspondence from the insurer concerning the sufficiency, or otherwise, of the particulars.

## **Section 6b: Claims made ON OR AFTER 1 October 2008**

This is an application for assessment of a dispute about whether:

6B(a)

**A late claim may be made in accordance with s 73 (s 96(1)(a)).**

This dispute relates to s 73 of the Act (as in force before 1 October 2008).

You **must** attach the following documentation:

- Statement of issues in dispute;
- Claimant's explanation for delay in lodging the claim form;
- Insurer's letter rejecting the claimant's explanation for the delay in lodging the claim form.

OR (please see over)

**6B(b)**

**The claimant has a full and satisfactory explanation for non-compliance with the police accident report requirement under s 70 (s 96(1)(b)).**

You must attach the following documentation:

- Statement of issues in dispute;
- Claimant's explanation for failure to report the accident to the police;
- Insurer's letter rejecting the claimant's explanation for the failure to report the accident to the police.

To assist with the resolution of the dispute, please attach any report that was made to the police.

**OR**

**6B(c)**

**A claim may be rejected for non-compliance with s 74 (s 96(1)(c)).**

You **must** attach the following documentation:

- Statement of issues in dispute;
- Insurer's letter rejecting the claim form.

**OR**

**6B(d)**

**A payment is required to be made under s 83 (not being a medical dispute that may be referred to a medical assessor under Part 3.4) (s 96(1)(e)).**

You **must** attach the following documentation:

- Statement of issues in dispute;
- Insurer's letter refusing payment.

To assist with the resolution of the dispute, please attach a copy of the invoice, receipt or account as well any medical evidence in support of the request for payment.

**OR**

**6B(e)**

**The insurer is entitled to delay the making of an offer of settlement under s 82 (s 96(1)(d)).**

You **must** attach the following documentation

- Statement of issues in dispute;
- If the dispute relates to the sufficiency of the particulars, the claimant's s 85A Statement of Particulars;
- If the dispute relates to whether the injuries have sufficiently recovered to enable the claim to be quantified, you must provide medical evidence in support of your assertion regarding sufficiency.

**OR**

**6B(f)**

**For the purposes of s 34 (Claim against Nominal Defendant where vehicle not identified) there has been due inquiry and search to establish the identity of a motor vehicle (s 96(1)(1a)).**

You **must** attach the following documentation:

- Statement of issues in dispute;
- Insurer's letter rejecting the claimant's inquiry and search.

If you act on behalf of the claimant, you must attach a statement from the claimant detailing the inquiries and searches that have been undertaken to date.

**OR** (please see over)



**6B(g)**

**A payment is required to be made under s 84A (Duty of insurer to make interim payments in case of hardship) (s 96(1)(f)).**

You are only able to refer a dispute relating to hardship payments to CARS if the accident occurred on or after 1 October 2008.

You **must** attach the following documentation:

- Statement of issues in dispute;
- Claimant's request for payment under s 84A;
- Insurer's letter refusing payment under s 84A.

**OR**

**6B(h)**

**A request made of a claimant under s 85 (Duty of claimant to co-operate with other party) is reasonable or whether a claimant has a reasonable excuse for failing to comply (s 96(1)(g)).**

You **must** attach the following documentation:

- Statement of issues in dispute;
- Insurer's request for particulars.

To assist with the resolution of the dispute, please provide any correspondence from the claimant refusing to supply particulars.

**OR**

**6B(i)**

**The insurer is entitled to give a direction to the claimant under s 85B (Consequences of failure to provide relevant particulars of claim) (s 96(1)(h)).**

You **must** attach the following documentation:

- Statement of issues in dispute;
- Insurer's written direction in accordance with s 85B.

**OR**

**6B(j)**

**A claim that is taken to have been withdrawn under s 85B, should be re-instated (s 96(1)(i)).**

You **must** attach the following documentation:

- Statement of issues in dispute;
- Insurer's written direction in accordance with s 85B.

**Section 7: Document information** (documents that must be attached in support of the application (do not attach originals))

**i** The application will be rejected if the following are not listed below and attached:

- If you are the insurer, for all disputes, you **MUST** attach the following:
  - A copy of the claim form;
  - Statement of issues in dispute and any documents listed under the identified dispute type.
- If you are the claimant, for all disputes, you **MUST** attach the following:
  - Statement of issues in dispute.

**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 over the page.

All documents attached to this application must be listed in section 7 of this form. You must clearly number the first page of each document at the top right hand corner, in accordance with that list

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

| Document number | Name of document (eg report Dr J Smith) | Date (eg 29/07/2018) |
|-----------------|---|----------------------|
| A1              |   |                      |
| A2              |   |                      |
| A3              |   |                      |
| A4              |   |                      |
| A5              |   |                      |
| A6              |   |                      |
| A7              |   |                      |
| A8              |   |                      |
| A9              |   |                      |
| A10             |   |                      |
| A11             |   |                      |
| A12             |   |                      |
| A13             |   |                      |
| A14             |   |                      |
| A15             |   |                      |
| A16             |   |                      |
| A17             |   |                      |
| A18             |   |                      |
| A19             |   |                      |

**i** You must send to CARS a copy of this application and all supporting documentation.

You must send to the respondent a copy of this application and all supporting documentation that has not previously been supplied to the respondent.

If the application is accepted, a copy of all documentation provided by the parties will be provided to the assessor who will assess this dispute.

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

## 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 Claims 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 8: Signature section

The signature of person completing this form:

| Claimant | Claimant's<br>legal representative | Insurer | Insurer's<br>legal representative | Other |
|----------|------------------------------------|---------|-----------------------------------|-------|
|----------|------------------------------------|---------|-----------------------------------|-------|

If other, relationship to claimant

Surname/family name

Given name

Signature

Date application form completed (DD/MM/YYYY)

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

Date application form sent to the respondent

Date application form sent to CARS

(DD/MM/YYYY)

(DD/MM/YYYY)