

Reply to an application for assessment of permanent impairment

Under section 60(1) and section 58(1)(d) of the *Motor Accidents Compensation Act 1999*

This form is approved by the Authority in accordance with clause 8.1 of the Medical Assessment Guidelines.

Use this form only if:

- You have received a completed application for assessment of a permanent impairment dispute.

Instructions on completing this reply form:

- You must lodge the reply form within 20 working days of the date Medical Assessment Service (MAS) sent the acknowledgement of the MAS 2A application. Send it to:
 - the applicant, together with a copy of all material in support of the reply that has not previously been supplied to the applicant; and
 - MAS, with 2 copies of the reply and all material in support of the reply. Claimants without legal representation only need to lodge one copy of the reply form and the supporting documents.

How to lodge the application:

In person/Mail:

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

Document Exchange:

SIRA Dispute Resolution Services
Medical Assessment 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: 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)

Is the information the applicant gave in section 3 correct?

Yes (go to section 4)

No (provide correct details)

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 MAS 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

Is the information the applicant gave in section 4 correct? Yes (go to section 5) No (provide correct details)

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)

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 5: Dispute information (details about the dispute)

Is the information the applicant gave in section 5 correct? Yes (go to section 6) No (provide correct details)

Has the claimant put the insurer on notice that they believe they are entitled to claim damages for non-economic loss by either:

- making a claim or offer of settlement to the insurer claiming an entitlement to damages for non-economic loss; Date
- requesting that the insurer concede that the claimant is entitled to claim damages for non-economic loss; or Date
- indicating to the insurer that they believe the claimant's degree of whole person permanent impairment is greater than 10%. Date

If none of these criteria are met, the application will be rejected in accordance with cl. 8.9 of the Medical Assessment Guidelines.

If you answered yes to any of the above you **must** provide copies at section 7.

Has the insurer issued written reasons rejecting the claimant's claim to be entitled to damages for non-economic loss? If yes, a copy must be attached to the reply.

Yes No

Is there anything you wish to add in addition to, or in support of, the information outlined above that you wish us to consider when determining whether or not your application may be made at this time?

Yes (provide details below) No

Add additional information here (you must attach copies at section 7) (eg 'a report from the solicitor to the insurer', a letter to the insurer referring to the dispute', or 'a letter from the insurer referring to the dispute'.)

Section 6: Injuries information

Is the information the applicant gave in section 6 correct?

Yes (go to section 7)

No (provide correct details)

List the injuries caused by the accident that you consider currently give rise to an assessable degree of permanent impairment in accordance with the SIRA's Permanent Impairment Guidelines and the American Medical Association's Guides to the Evaluation of Permanent Impairment Fourth Edition.

DO NOT include:

- injuries that cannot give rise to a permanent impairment under the above Guides (eg 'resolved bruising');
- symptoms or disabilities (eg 'pain', 'inability to lift heavy objects').

These injuries will not be referred for assessment.

Bodily location of injury (eg left ankle)	Injury type (eg fracture)	What aspects of this injury are in dispute? <i>More than one aspect can be listed, eg:</i> <ul style="list-style-type: none"> • 'degree of impairment' • 'causation' • 'exacerbation' • 'apportionment' • 'subsequent intervening event' 	Are supporting documents attached?	Supporting document number as per list of documents attached (at section 7)
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	

If you need more space, copy this page and attach it to your reply.

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

i Do not provide copies of documents provided in the application.

If **available** and not included in the application, the following documents **must** be attached:

- A copy of the letter from the insurer rejecting the claimant's claim for non-economic loss.
- For dental injuries attach dental records.
- For scarring attach medical evidence and/or photographs (photographs should be current and in colour).
- For brain injuries attach the ambulance report, hospital notes, neurologist's reports and/or radiological scans.

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. 12.10 of the Medical 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		

i You must send 2 copies of this reply and all material in support to MAS.
You must send to the applicant a copy of this reply and all material in support that has not previously been supplied to the applicant.
If the matter is referred for assessment, a copy of all documentation provided by the parties will be provided to the assessor/s.

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 8: Signature section

The signature of person completing this form:

Claimant	Claimant's legal representative	Insurer	Insurer's legal representative	Other
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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 MAS (DD/MM/YYYY)