A guide for people injured in motor accidents in NSW

On 1 December 2017, the NSW Government introduced a new compulsory third party (CTP) Green Slip scheme to better support people injured on NSW roads. The new scheme is focused on early support and recovery.

This information is provided by the State Insurance Regulatory Authority (SIRA) and applies to people who are injured in motor accidents in NSW on or after 1 December 2017.

What you can claim	What you should do	What you need to know	Who can help
 Regardless of who is at fault for the accident, and even if your injuries are threshold injuries, you can claim up to 52 weeks of benefits for: reasonable and necessary medical and treatment expenses a percentage of your pre-accident weekly earnings if you need time off work because of your injuries (even if you are self-employed) paid domestic and personal care if you need help while you recover. Ambulance and much of your public hospital treatment costs are covered by the 'Fund levy' (which is funded by CTP premiums). You don't need to make a claim for these costs to be covered by the Fund levy. Public hospital patients should read more over the page. 	Seek medical treatment and request a certificate of fitness from your doctor. Report the accident to the Police Assistance Line on 131 444 (or to a police station if that is easier) as soon as possible. It must be reported within 28 days after the accident. Making a claim You can notify the insurer and make a claim for personal injury benefits online at SIRA's website, using your Service NSW account. You can also apply by completing the Application for personal injury benefits form. Download the form from the SIRA website (some hospitals also stock the form) and send or email it to the CTP insurer. After you notify the insurer, you can contact them to request approval for some early treatment before you lodge your full claim. This includes: • one GP visit • two treatment sessions, such as physiotherapy.	 When should you lodge your claim? You must lodge your claim within three months after the date of the accident. If you want to get 'back pay' for lost earnings from the day after the date of the accident, you must lodge your claim within 28 days after the date of the accident. If the claim is made on the insurer after 28 days, then you will need to give an explanation for your delay to be considered eligible to receive weekly payments of statutory benefits from the day after the date of the accident. Otherwise, weekly payments of statutory benefits may only begin from the date the claim is made. You will need to provide evidence of your pre-accident earnings such as pay slips or a statement from your employer. If you re self-employed, ask CTP Assist what documents you might need to provide the insurer. If your injury is the result of a motor accident that is also a work-related accident, you will also need to make a workers compensation claim against your employer's workers compensation insurer. 	 You, your family or friends can contact CTP Assist to: find out if you are eligible to make a claim find out who is the right CTP insurer and get in touch with that insurer to make a claim get help filling out forms ask questions during the claims process. CTP Assist can also connect you to other support services, such as SIRA's Legal Advisory Service. You can contact CTP Assist by calling 1300 656 919 or emailing ctpassist@sira.nsw.gov.au You can also seek advice from a lawyer if you wish. For more information go to www.sira.nsw.gov.au

insurer.

Getting better

The injury advice centre on SIRA's website provides easy to understand, practical information to help you recover after a motor vehicle accident. If you have been injured in a motor accident, the costs of your medical treatment are **not** covered by Medicare.

Who pays for my public hospital treatment?

Your ambulance and much of your hospital costs are **covered** by the Fund levy, regardless of whether you were at fault, or have made a claim.

Hospital costs covered by the Fund levy include:

- accommodation
- X-rays
- blood tests
- nursing.

There are certain hospital costs that are not covered by the Fund levy. This includes some doctors' bills.

Who pays for my public hospital doctors' bills?

Medicare does not cover people injured in motor accidents, and some public hospital doctors' bills aren't covered by the Fund levy. So, the doctor may send you a bill for their services.

For most people who make a CTP claim, the insurer will pay reasonable and necessary treatment and care costs related to the accident, including doctors' bills.

If you don't make a CTP claim, you will need to:

- ask your private health insurer (if you have private health insurance) if they will pay the bill, or
- pay the bill yourself.

If you have already made a claim (or notified the CTP insurer), tell the doctor and the hospital the name of the insurer and your claim or reference number so they can send the bill to the insurer.

If you have already made a CTP claim and you get a bill from the doctor, send the bill to the CTP insurer. As long as you are eligible and the treatment is reasonable and necessary, the insurer will pay for it; you won't need to pay the bill.

If you haven't already made a claim and you get a doctor's bill, don't worry – you can make a claim up to three months after the accident.

Can I make a CTP claim?

If you have been injured in a motor accident in NSW, you are probably eligible for a CTP claim.

You can make a claim to have your medical expenses paid if you:

- are at fault or not at fault
- were driving, a passenger or a pedestrian
- were in a car, on a motorbike, or, involved in a motor accident while walking or on a bicycle
- have a job, don't have a job (for example, retired or unemployed), work for yourself or are a student.

You can claim for physical and/or psychological injuries.

You are not eligible for a CTP claim if you:

- have been charged with a serious driving offence in connection with the accident, or
- were the at-fault driver of an uninsured vehicle and you knew the vehicle was uninsured.

Please contact SIRA on 1300 656 919 or email ctpassist@sira.nsw.gov.au for more information.

Should I make a CTP claim?

You decide if you want to make a CTP claim or not. Making a CTP claim means you can:

- claim for reasonable and necessary treatment and care, such as seeing a physiotherapist or psychologist, as well as doctors' bills, for up to twelve months and maybe longer if you need it (unless your injuries are threshold injuries)
- claim for loss of earnings if you need time off work, even if you are self-employed
- get support recovering at work.

If you were **not at fault** for the accident, making a CTP claim will not affect your CTP insurance premium.

If you were **at fault** for the accident, this may affect your CTP insurance premium (depending on your CTP insurer), **whether you claim or not**. You can compare CTP Green Slip prices at

www.greenslips.nsw.gov.au/price-check or contact your CTP insurer.

Remember: you must make your claim within three months of the accident, or within 28 days if you want to claim back pay for loss of earnings from the day after the date of the accident. If the claim is made on the insurer after 28 days, then you will need to give an explanation for your delay to be considered eligible to receive weekly payments of statutory benefits from the day after the date of the accident. Otherwise, weekly payments of statutory benefits may only begin from the date the claim is made. It's best to submit your claim as soon as possible.

This publication contains information that relates to the regulation of motor accident third party (CTP) insurance in NSW. This publication does not represent a comprehensive statement of the law as it applies to particular problems or to individuals, or as a substitute for legal advice. This material may be displayed, printed and reproduced without amendment for personal, in-house or non-commercial use.

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