

Note: If you are assisting a claimant to complete an online claim, please print this form and have the claimant review it (if they're able), and sign the declaration. This attachment will form part of the claim and should be scanned or photographed to be submitted. If you need advice about this form please contact CTP Assist on 1300 656 919 or email: ctpassist@sira.nsw.gov.au or motor@sira.nsw.gov.au

Collection of personal and health information to manage your claim

Personal and health information provided by you may be retained, used and disclosed by:

- licensed insurers to manage your claim and determine your entitlements, and
- the State Insurance Regulatory Authority (SIRA) as regulator of the CTP scheme under the *Motor Accident Injuries Act 2017*.

Any personal and health information you provide will be collected, retained, used and disclosed in accordance with (where relevant) the *Privacy and Personal Information Protection Act 1998* (NSW) (PPIP Act), *Health Records and Information Privacy Act 2002* (HRIP Act), *Privacy Act 1988* (Cth), *Motor Accident Injuries Act 2017* and SIRA's Privacy Management Plan.

Under the *Motor Accident Injuries Act 2017*, SIRA may, despite anything to the contrary in the PPIP Act or the HRIP Act, collect, use and disclose data relating to third party policies, claims, activities and performance of insurers and the provision of health, legal and other services to injured persons. For that purpose, SIRA may obtain your personal and health information from you, insurers, relevant insurance or compensation authorities, hospitals, government agencies and from any other source.

Please read this declaration carefully. By signing below you accept that:

- All information you have provided as part of this online application for statutory benefits is 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.
- You authorise the insurer to contact and obtain information and documents relevant to the claim from persons specified in this authorisation below and provide information and documents so obtained to persons specified in this authorisation below.

The consent and authorisation to release, use, disclose and exchange personal and health information as part of this online application for statutory benefits and information obtained in the course of the processing and managing your claim for personal injury statutory benefits apply to and between:

- any doctor, ambulance service, hospital or other health related service provider
- any police department
- any property damage insurer
- any employer or accountant of the injured person
- any personal injury insurer or workers compensation insurer
- Centrelink
- Medicare Australia
- Lifetime Care and Support Authority of NSW
- State Insurance Regulatory Authority (SIRA).

Claimant: Please complete the following details before you sign this form

Full name

Date of birth (DD/MM/YYYY)

Date of the accident (DD/MM/YYYY)

I, _____ (enter your name)
declare that, to the best of my knowledge, the information given by me as part of this online application for statutory benefits, is true and correct. I also give consent and authorisation for the collection, use, disclosure and exchange of the personal and health information I have provided.

Signature

Date (DD/MM/YYYY)