

Certificate of earnings



- The insurer may require this form to be completed by a person’s employer, or if self-employed, by an accountant.
- This form is to verify a person’s claim for loss of earnings as a result of a motor vehicle accident.
- Complete this form and send it to the insurer.
- When completing this form please use a blue or black pen.
- Mark boxes like this with a **✓** or a **✗**.
- Any attachments will form part of this certificate and the declaration and authorisation will include them.
- If you need advice about this form please contact CTP Assist on 1300 656 919 or ctpassist@sira.nsw.gov.au.

If you need an interpreter, please tell us your preferred language.	
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1. Employee details (injured person)

Full name	Date of birth (dd/mm/yyyy)	
	/ /	
Home address (unit, street number, street name, suburb, state, postcode)		
Mobile phone number	Home phone number (if applicable)	Work phone number (if applicable)

2. Employment details (as at the date of the accident)

If the injured person was self-employed, you do not have to complete this section. Go to 'Employer or Accountant details' below.

Place of employment

Date employment commenced (dd/mm/yyyy)	Date employment would have ceased (dd/mm/yyyy)
/ /	/ /

Description of duties

Employee’s normal working hours (include regular and continuing overtime)

Days per week	Hours per day	Usual start time	Usual finish time
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If the employee worked regular overtime, would it have continued if there had not been an accident?

- No ► **If no, skip to next page.**
- Yes ► **If yes, give full details.**

3. Employer or accountant details

If the injured person was self employed, you need to complete this section.

Name/organisation/company name

Address (unit, street number, street name, suburb, state, postcode)

Mobile phone number

Work phone number (if applicable)

What is the nature of the business?

Is the employee related to the employer?

No ► If no, skip to next question.

Yes ► If yes, give full details.

4. Wage details

What were the pre-accident average weekly earnings including overtime, regular bonuses, commission (excluding superannuation) etc of the employee (paid on a regular basis) before the injury?

Please note that superannuation is not to be included in the calculation and earnings must be recorded of the injured person and not the business.

Pre-accident weekly earnings

Gross overtime earnings

Other gross earnings

Total gross earnings

Less tax

Total net earnings

What award did the employee work under?

Name of award

State Federal

Attach all supporting documents of pre-accident weekly earnings including payslips, group certificates etc.

5. Details of absences as a result of the accident

Provide dates employee was absent from work due to accident or alternatively attach leave history or documents.

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Work time lost (weeks/days/hours)

Has the employee returned to their pre-accident hours of work?

Yes ► If yes, skip to next question.

No ► If no, will the position be held open?

Yes No

6. If payments have been made give details below (such as sick pay, workers compensation)

Details of type of payments made

7. Workers compensation

Has a workers compensation claim been lodged for this accident?

- No ▶ If no, skip to next question.
- Yes ▶ If yes, give details of insurer claim or reference number.

Was the employee in the course of their employment at the time of the accident?

- No ▶ If no, skip to next question.
- Yes ▶ If yes, please give details.

Has the employee made any previous workers compensation claims?

- No ▶ If no, skip to next question.
- Yes ▶ If yes, please give details.

Type of injury

Date (dd/mm/yyyy)

Type of injury

Date (dd/mm/yyyy)

Type of injury

Date (dd/mm/yyyy)

8. Details of person completing this certificate (employer or accountant)

Full name

Position in business

Mobile phone number

Work phone number (if applicable)

Email

Signature

Date (dd/mm/yyyy)

DID YOU KNOW?

Fraudulent claims cost NSW motorists by adding to your CTP premiums

Fraud can include exaggerated claims, staged accidents, lying about a claim or providing false or misleading information to an insurer, doctor, health professional or lawyer. You can be punished for insurance fraud with a \$22,000 fine or up to two years in prison.

9. Declaration and authorisation to be completed by the claimant

The insurer will need authority to collect your personal and health information to help manage your claim.



Why?

- To ensure the claim is compliant with New South Wales motor accident injury legislation.
- For the purpose of enabling the insurer to process, assess and manage your claim and to verify any evidence you may submit in support of your claim.
- For the purposes of legal proceedings under that legislation if required.

Insurers may need to disclose personal and health information about you to each other and relevant organisations.



Why?

- To process, assess and manage your claim.
- To support any complaint or enquiry made by you to any authority.

10. 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**), *Commonwealth Privacy Act 1988*, the *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.

11. Claimant declaration and authorisation

Please read this declaration carefully before writing your name below and signing.

- All information you have provided in this form must be 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 in this form.
- 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 on this form and information obtained in the course of the processing and managing the claim 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 deceased
- any funeral director, or mortuary service
- any personal injury insurer or workers compensation insurer
- Centrelink
- Medicare Australia
- Lifetime Care and Support Authority of NSW
- State Insurance Regulatory Authority (SIRA)
- Australian Taxation Office (ATO).

I, [Name]

declare that, to the best of my knowledge, the information given in this form is true and correct. I also give consent and authorisation for the collection, use, disclosure and exchange of personal and health information provided in this form.

Signature

Date (dd/mm/yyyy)