

Reply to an application for special assessment of a procedural claims dispute

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.

Use this form for assessment of:

- If you have received acknowledgement from Claims Assessment and Resolution Service (CARS) of a CARS 5A application for special assessment.

Instructions on completing the reply form:

1. In accordance with cl. 3.15 of the Claims Assessment Guidelines, you must within 20 working days (10 working days for disputes relating to hardship payments under s 84A) of the date CARS sent the acknowledgement of a 5A application, complete the reply form and send it to:
 - a. the applicant, together with a single sided copy of all material in support of the reply that has not previously been supplied to the applicant; and
 - b. CARS, with a single sided copy of the reply and all material in support of the reply.
2. If your reply is not received by this time the PCA may consider the 5A application in the absence of a reply.

Note: You must lodge a separate reply form and supporting documentation for each application that CARS has acknowledged.

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
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 application is made by the:

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

Contact authority (claimant to complete)

The claimant hereby authorises CARS and CTP Assist to contact the below named person who I have 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)

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

Is the information the applicant gave in section 6 correct?

Yes (go to section 7).

You must attach a statement of issues in dispute.

No (go to section 7).

If you do not believe that a dispute exists in relation to the dispute type nominated by the applicant, please provide the reasons why in your statement of issues.

If a dispute exists in relation to another issue, you are not able to nominate that dispute in your reply. You must lodge a CARS 5A in order for CARS to assess the dispute.

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

i The reply 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 (if not attached to the 5A application lodged by the claimant).
- Statement of issues in dispute.

If you are the claimant, for all disputes, you **MUST** attach the following:

- Statement of issues in dispute.

If the dispute relates to due inquiry and search:

- The claimant **MUST** attach a statement detailing the inquiries and searches that have been undertaken to date.

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.

Document number	Name of document (eg report Dr J Smith)	Date (eg 29/07/2018)
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 to CARS a copy of this reply and all supporting documentation. You must send to the applicant a copy of this reply and all supporting documentation that has not previously been supplied to the applicant. If the reply 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 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 CARS (DD/MM/YYYY)