

Application for funeral expenses

- Use this form to request payment of, or reimbursement for, funeral costs relating to a person who died after a motor accident in NSW.
- Complete this form and send it to the insurer or contact our CTP Assist service on 1300 656 919.
- If you're filling out this form by hand, please use a blue or black pen.
- Mark boxes like this with a or a .
- Any attachments will form part of this claim and the declaration and authorisation will include them.
- If you need advice about this form please contact CTP Assist on 1300 656 919 or email: motor@sira.nsw.gov.au
- If you're acting on behalf of the person making this claim as a family member or as a personal legal representative, please attach a page identifying who you are, your relationship to the claimant, and the reason you're acting on their behalf.
- Applications for Funeral Expenses need to be lodged within 3 months of the motor accident. If you are lodging this claim form after this time, then please attach a written explanation for the delay in lodging the application.



If you need an interpreter, please tell us your preferred language.

Checklist

What you need to complete this form

Any invoices or receipts for funeral expenses already paid.

A copy of the death certificate of the deceased.

The police event number or evidence of the accident.

Please provide an explanation if you're submitting this claim more than 3 months after the motor accident.

1. Details of person making this claim

Full name

Date of birth (dd/mm/yyyy)

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Gender

 F M X

Mobile phone number

Home phone number (if applicable)

Work phone number (if applicable)

Email address

Home address (unit, street number, street name, suburb, state, postcode)

Contact preference

 Mobile Email Home phone Work phone

Preferred contact time

2. Personal details of the deceased

Full name of the deceased

Date of birth (dd/mm/yyyy)

Date of death (dd/mm/yyyy)

Address of the deceased (unit, street number, street name, suburb, state, postcode)

What is your relationship to the deceased?

For example: partner, spouse, child, sibling, executor or administrator of the deceased's estate, or solicitor.

3. About the accident

Please provide details of the accident.

Please provide the police event number (e.g. E12345678)

You can obtain an event number by calling the Police Assistance Line on 131 444 or by visiting a police station. You can still submit this claim in the meantime.

Date of the accident (dd/mm/yyyy)

Approximate time of accident

Where did the accident occur? (e.g. corner, intersection, street, number/name, suburb, state)

In the accident, the deceased was the:

Driver Passenger Cyclist/Pedestrian Other (give details)

Please provide a brief description of the accident.

Details of all vehicles involved in the accident

(Provide as much information as you can including the deceased's own vehicle)

Registration number	Driver's name	Driver's contact (e.g. phone, email)	Number of passengers

What is the registration number of the car you believe to be most at fault? (if known)

Still being determined I'm unsure

4. Funeral expenses



Please attach any invoices or receipts for funeral expenses alongside this form.
If the funeral costs have not yet been paid, please provide details for the funeral director below.



Please attach the death certificate of the deceased person.

Funeral director name

Funeral director contact number

If the funeral costs have already been paid, please provide your details for reimbursement payment to be made. If you would like to receive these benefits directly into your bank account, please choose 'direct deposit' and provide your bank details in the fields below.

How would you like to be reimbursed?

Direct deposit

Cheque

Account name

BSB

Account number

5. 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.

6. Declaration and authorisation

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

- All information you have provided in this claim 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 funeral director, or mortuary service
- any personal injury insurer or workers compensation insurer
- State Insurance Regulatory Authority (SIRA).

I, [Name]

am the personal legal representative of the deceased and 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)