

# Application for assessment of permanent impairment

Under section 60(1) and section 58(1)(d) of the *Motor Accidents Compensation Act 1999*

This form is approved by the Authority in accordance with clause 8.1 of the Medical Assessment Guidelines.

## Use this form only if:

- There is a dispute between the claimant and insurer about whether the degree of permanent impairment of the injured person resulting from a motor vehicle accident is greater than 10%; and
- The claimant has put the insurer on notice that they believe they are entitled to claim damages for non-economic loss and the insurer does not agree.

**Note:** The application will be rejected if these criteria are not met.

## Do not use this form:

- For assessment of physical injuries and or psychological injury where MAS has previously assessed these injuries – use **Form 4API**.

## Instructions on completing this application form:

1. The applicant must complete the application form and send it to:
  - a. the respondent, together with a copy of all material in support of the application that has not previously been supplied to the respondent; and
  - b. The Medical Assessment Service (MAS), with 2 copies of the application and all material in support of the application. Claimants without legal representation only need to lodge one copy of the application form and the supporting document.

**Note:** A separate application is required for each motor accident claim for which assessment is sought. MAS may send material relating to any other dispute we are assessing for this claimant to assist the assessor in assessing this dispute.

## How to lodge the application:

### In person/Mail:

SIRA Dispute Resolution Services  
Medical Assessment Service  
State Insurance Regulatory Authority  
Level 19, 1 Oxford Street,  
Darlinghurst NSW 2010

### Document Exchange:

SIRA Dispute Resolution Services  
Medical Assessment Service  
State Insurance Regulatory Authority  
DX 10 Sydney

### For assistance please contact:

DRS on 1800 34 77 88  
Email [DRSEnquiries@sira.nsw.gov.au](mailto:DRSEnquiries@sira.nsw.gov.au)  
Visit [www.sira.nsw.gov.au](http://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](mailto:atl@atl.com.au) Website: [www.atl.com.au](http://www.atl.com.au)





## Section 4: Insurer information

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)

Insurer's legal representative name

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

## Section 5: Dispute information (details about the dispute)

**Has the claimant put the insurer on notice that they believe they are entitled to claim damages for non-economic loss by either:**

- |   |      |
|---|------|
| making a claim or offer of settlement to the insurer claiming an entitlement to damages for non-economic loss;              | Date |
| requesting that the insurer concede that the claimant is entitled to claim damages for non-economic loss; or                | Date |
| indicating to the insurer that they believe the claimant's degree of whole person permanent impairment is greater than 10%. | Date |

If none of these criteria are met, the application will be rejected in accordance with cl. 8.9 of the Medical Assessment Guidelines.

If you answered yes to any of the above you **must** provide copies at section 7.

**Has the insurer issued written reasons rejecting the claimant's claim to be entitled to damages for non-economic loss? If yes, a copy must be attached to the application.**

Yes                  No

To enable your application to be accepted you must establish that the insurer has had an opportunity to respond to the claim of entitlement to non-economic loss but has failed to do so.

**Is there anything you wish to add in addition to, or in support of, the information outlined above that you wish us to consider when determining whether or not your application may be made at this time?**

Yes (provide details below)                  No

Add additional information here (you must attach copies at section 7) (eg 'a report from the solicitor to the insurer', a letter to the insurer referring to the dispute', or 'a letter from the insurer referring to the dispute'.)

## Section 6: Injuries information

List the injuries caused by the accident that you consider currently give rise to an assessable degree of permanent impairment in accordance with SIRA's Permanent Impairment Guidelines and the American Medical Association's Guides to the Evaluation of Permanent Impairment Fourth Edition.

**DO NOT include:**

- injuries that cannot give rise to a permanent impairment under the above Guides (eg 'resolved bruising');
- symptoms or disabilities (eg 'pain', 'inability to lift heavy objects').

These injuries will not be referred for assessment.

Bodily location of injury <i>(eg left ankle)</i>	Injury type <i>(eg fracture)</i>	What aspects of this injury are in dispute? <i>More than one aspect can be listed, eg:</i> <ul style="list-style-type: none"> <li>• 'degree of impairment'</li> <li>• 'causation'</li> <li>• 'exacerbation'</li> <li>• 'apportionment'</li> <li>• 'subsequent intervening event'</li> </ul>	Are supporting documents attached?	Supporting document number as per list of documents attached (at section 7)
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	

If you need more space, copy this page and attach it to your application.

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

**i** The application will be rejected if the following document is not listed below and attached to the application:

- A copy of the claim form including the medical certificate

If available the following documents **must** be attached:

- A copy of the letter from the insurer rejecting the claimant’s claim for non-economic loss.
- For dental injuries attach dental records.
- For scarring attach medical evidence and/or photographs (photographs should be current and in colour).
- For brain injuries attach the ambulance report, hospital notes, neurologist’s reports and/or radiological scans.

**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.

No additional documents will be accepted unless compliant with clause 12.10 of the Medical Assessment Guidelines.

Document number	Name of document (eg report Dr J Smith)	Date (eg 29/07/2018)
A1		
A2		
A3		
A4		
A5		
A6		
A7		
A8		
A9		
A10		
A11		
A12		
A13		
A14		
A15		
A16		
A17		
A18		
A19		

**i** You must send 2 copies of this application and all supporting documentation to MAS, UNLESS you are a claimant without legal representation. You must send to the respondent a copy of this application and all supporting documentation that has not previously been supplied to the respondent. If the matter is referred for assessment, a copy of all documentation provided by the parties will be provided to the assessor/s.

If you need more space, you should use the ‘extra documents information’ page, continue the numbering from this page and attach it to your application.



## 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 656 191.

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
----------	---------------------------------	---------	--------------------------------	-------

If other, relationship to claimant

Surname/family name

Given name

Signature

Date application form completed (DD/MM/YYYY)

Reason why claimant did not sign (if not legally represented)

Date application form sent to the respondent (DD/MM/YYYY)