

Reply to an application for review of a medical assessment

Under section 63(1) of the *Motor Accidents Compensation Act 1999*

This form is approved by the State Insurance Regulatory Authority (SIRA) in accordance with clause 16.6 of the Medical Assessment Guidelines.

Use this form only if:

- You have received an acknowledgment from the Medical Assessment Service (MAS) of an application for a review of a medical assessment.

Instructions on completing the reply form:

- You must lodge the reply form within 20 working days of the date MAS sent the acknowledgement of the MAS 5A application. Send it to:
 - the applicant, together with a copy of all material in support of the reply that has not previously been supplied to the applicant; and
 - The Medical Assessment Service (MAS), with 2 copies of the reply and all material in support of the reply. Claimants without legal representation only need to lodge one copy of the reply form and the supporting documents.

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
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 reply is made by:

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

Claimant unavailable dates

Contact authority (claimant to complete)

The claimant hereby gives permission for MAS and the CTP Assist to contact the below named person who has been 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 over the page).

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: Review information

What do you say about the submissions the applicant gave in the application form.

Do you agree or disagree with the reasons in the application with respect to? If you disagree, provide details.

Agree

Disagree

Relevant page/paragraph of MAS certificate.

Provide details here:

Is this material to the outcome of the assessment?

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

Section 6: Do you now seek to have another assessment reviewed?

As a result of this application, do you now wish to seek a review of another assessment?

Yes

No

If yes, and the period for lodging the application has not expired, lodge your MAS Form 5A now.

If yes, and the period for lodging the application has expired, you **must** seek an extension of time from the Proper Officer, providing reasons why an extension should be granted. Should the extension of time be approved, you will be required to lodge your MAS Form 5A within a specified timeframe.

Attach your request, including reasons, seeking an extension of time to this form.

If yes:

Assessor/s name

Date/s of assessment/s (DD/MM/YYYY)

Matter number/s

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

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.

Please refer to cl. 12.10 of the Medical Assessment Guidelines for lodgement of late additional documents or information.

| 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 | | |
| R22 | | |
| R23 | | |
| R24 | | |
| R25 | | |
| R26 | | |
| R27 | | |
| R28 | | |
| R29 | | |

i You must send to MAS 2 copies of this reply and all material in support.
You must send to the applicant a copy of this reply and all material in support that has not previously been supplied to the applicant.
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 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 |
|------------------------------------|------------------------------------|---------|-----------------------------------|-------|
| 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 MAS (DD/MM/YYYY)