

# STATUTORY DECLARATION

## Please read the statutory declaration carefully before signing.

- You must sign the statutory declaration before a justice of the peace or a solicitor.
- The person making this claim must sign the declaration unless he/she is under 18 years or is unable to make the declaration. In this case a parent, guardian, relative or friend of the person making this claim must sign the declaration.
- Your claim may be delayed if the statutory declaration is not properly completed and witnessed.
- All information you have given in the claim form must be true and correct in every respect.
- The collection, use and disclosure of personal information by licensed insurers is governed by the National Privacy Principles under the federal Privacy Act 1988.

## Declaration

I solemnly and sincerely declare that, to the best of my knowledge, the information given in the Motor Accident Compensation to Relatives Claim Form is true and correct in every respect. I authorise the Nominal Defendant or the Insurer, against whom this claim is made, to: (i) contact and obtain information and documents relevant to the claim from persons specified in the authorisation; (ii) provide information and documents so obtained to persons specified in the authorisation.

Persons specified in the authorisation are:

- any doctor, ambulance service, hospital or other service provider
- any police department
- any property damage insurer
- Centrelink
- any employer or accountant of the deceased person
- any personal injury claim or workers compensation insurer
- Lifetime Care and Support Authority (LTCSA)
- Medicare Australia

I understand that information obtained under this declaration from doctors, an ambulance service or as part of clinical notes from hospitals may include general medical information relevant to my claim.

**I make this solemn declaration conscientiously believing the same to be true and by virtue of the provisions of the Oaths Act 1900.**

Signature of claimant, or person on behalf of the claimant

Name of claimant, or person on behalf of the claimant

Name of deceased person

## This section to be completed if another person signed on behalf of the claimant

Relationship to claimant

Phone

Reason why the claimant could not sign

## This section to be completed by the solicitor or justice of the peace

Declared before me, on

I certify the following matters concerning the making of this statutory declaration by the person who made it [tick the applicable statements]:

- I saw the face of the person, OR
- I did not see the face of the person because the person was wearing a face covering, but I am satisfied that the person had a special justification for not removing the covering

AND

- I have known the person for at least 12 months, OR
- I have not known the person for at least 12 months, but I have confirmed the person's identity using an identification document and the document I relied on was

.....  
Describe identification document relied on

Signature of solicitor or justice of the peace

Name of solicitor or justice of the peace

Business name (if relevant)

Phone

Address

Town/suburb

State

Postcode