

Notice of Accident

CLAIM FORM A

To be completed by the registered operator/
owner or driver of the vehicle

If you have suffered “Personal Injury” resulting directly from
this motor accident and wish to claim benefits, you must
complete a Claim form B - Application for Scheduled Benefits



*Level 1,
33 George Street, Launceston
PO Box 590, Launceston 7250
DX 70112, Launceston*

TOLL FREE 1800 006 224

Telephone: (03) 6336 4800
Facsimile: (03) 6336 4848
Email: info@maib.tas.gov.au
Website: www.maib.tas.gov.au

Important Information

Please detach and retain this page for your reference

The Motor Accidents Insurance Board

The Motor Accidents Insurance Board of Tasmania (MAIB) provides third party insurance cover for the benefit of those who suffer personal injury as a result of motor accidents and to insure those whose driving results in motor accidents where personal injury is suffered.

Reporting Of Accidents

As soon as possible after a motor accident, or the occurrence of a motor accident coming to your knowledge, as the registered operator/owner or driver of the motor vehicle involved you are required to notify the MAIB of the following:

- (a) the fact of the motor accident; and
- (b) the time and place at which it occurred; and
- (c) full particulars of the circumstances of the accident, so far as they are known to, or can be ascertained by, that registered operator/owner or driver; and
- (d) the name and address of any person injured or killed in the accident and of any witness to the motor accident, so far as is known to that registered operator/owner or driver.

Completion of the Notice of Accident form will satisfy the MAIB's notification requirements.

In relation to drivers or owners of motor vehicles whose negligence results in personal injuries to other persons, MAIB will provide indemnity, subject to the *Motor Accidents (Liabilities and Compensation) Act 1973*, provided the correct premium has been paid for the use of the vehicle.

Does This Accident Need To Be Reported To The Police?

All motor accidents involving personal injury must be reported to the Police in accordance with the *Motor Accidents (Liabilities and Compensation) Act 1973*.

Personal Information Protection Statement

1. Personal information will be collected from you and will be used by the Motor Accidents Insurance Board (MAIB) and its Agents to determine entitlement under the *Motor Accidents (Liabilities and Compensation) Act 1973* and accompanying regulations to common law damages and/or no fault benefits. Information collected may be used by other purposes permitted by the *Personal Information Protection Act 2004*.
2. You are required to provide this information by the *Motor Accidents (Liabilities and Compensation) Act 1973* and the Regulations made under that Act. Failure to provide this information may result in the non acceptance of your claim or services not able to be provided.
3. Personal information and health information may be disclosed if the MAIB needs to make decisions about your entitlements to services or common law damages. In all circumstances, the MAIB would only use your personal information where it is lawful, reasonable and necessary.
4. Personal information may be disclosed to Agents of the MAIB, law enforcement agencies and other organisations that are authorised to collect it.
5. Basic personal information may be disclosed to other public sector bodies where necessary for the efficient storage and use of the information.
6. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the MAIB Freedom of Information Officer. You may be charged a fee for this service.
7. A copy of the MAIB's Personal Information Protection Policy can be downloaded from the MAIB's website www.maib.tas.gov.au or you can arrange to have a copy posted to you by contacting the MAIB on the details below.

Further Information

Motor Accidents Insurance Board, Level 1, 33 George Street, LAUNCESTON TASMANIA 7250

• **Website:** www.maib.tas.gov.au

• **E-mail:** info@maib.tas.gov.au

• **Toll Free** 1800 006 224

Interpreter services are available by telephoning Translating and Interpreting Services (TIS) on 13 14 50.

Notice of Accident

FORM A

To be completed by the registered operator/owner or driver of the vehicle

Note: The reporting of accidents is compulsory. Accidents involving personal injury must be reported to the MAIB and the Police.

Question 1

Do you require the services of an interpreter?

NO YES

If YES, which language

Accident Details

Question 2

Date of the Accident

 / /

Day of the week

Time

 am/pm

Exact Location of the Accident

Street/s		
City/Town	State	P/Code

Vehicle and Registered Operator's / Owner's Details

Question 3

Vehicle Registration Number

State of Australia in which vehicle registered

Make and Model

(e.g. Holden Commodore VK, Suzuki RGV 250)

Body Type (e.g. sedan/coupe/wagon)

Manual or Automatic

Colour

Question 4

Mr

Mrs

Miss

Ms

Other (please specify)

Date of Birth

 / /

Male

Female

Surname/Business Name

Given Names

Home/Business Address

State	Postcode

Postal Address

(If same as above, write "as above")

State	Postcode

Contact Details

 ()

Work Telephone Number

 ()

Home Telephone Number

 ()

Mobile Telephone Number

 ()

Facsimile Number

E-mail Address

Vehicle and Vehicle Owner's Details (continued)

Question 5

As the registered operator/owner of the vehicle, were you also the driver of the vehicle at the time of the accident?

NO YES

If NO Go to Question 6 If YES Go to Question 7

Driver's Details

Question 6

Mr Mrs Miss Ms Other (please specify)

Date of Birth / / Male Female

Surname

Given Names

Home Address

State Postcode

Postal Address
(If same as above, write "as above")

State Postcode

Contact Details ()
Work Telephone Number Home Telephone Number

()
Mobile Telephone Number Facsimile Number

E-mail Address

Question 7 (Motorcyclists go to question 8)

As the driver of the vehicle were you wearing a seat belt at the time of the accident?

NO YES

If NO, why not?

Question 8

If a motorcyclist were you wearing a helmet at the time of the accident?

NO YES

If NO, why not?

Question 9

Was your licence current at the time of the accident?

NO YES

If YES Licence No. Expiry Date / /
State of Issue No. of years held

Note: Interstate licence holders to attach a copy of the licence to this Notice.

Question 10

For what purpose was the vehicle being used? (e.g. private/travel to employment/travel during employment)

Accident Details

Question 15

Using the following symbols provided, please draw a diagram to indicate how the accident occurred. Include streets, intersections, traffic signs, and point of impact. (Use arrows to show direction in which vehicles were travelling.)

Your vehicle **A**

Other Vehicle/s **B C D** etc.

Pedestrians ♀

Point of Impact ★

Question 16

Please provide details of all other occupants in driver's vehicle at time of accident.

Name	Address (& telephone number if available)	Date of birth (if known)	Was this person injured?	Was this person wearing a seat belt?

Accident Details

Question 17

Please provide details of all other vehicles involved in the accident (if known)

Registration Number	Driver's Name, Address (& telephone number if available)	No. of persons in vehicle

Question 18

Provide details of all other people involved in the accident, but not in the vehicle at the time of the accident, i.e. cyclist, pedestrian, etc.

Name	Address (& telephone number if available)	Was the person injured?	Type of road user

Question 19

Name and address of any independent witnesses to the accident.

Name	Address (& telephone number if available)

Reporting of the Accident to Police

All motor accidents involving personal injury must be reported to the Police in accordance with the *Motor Accidents (Liabilities and Compensation) Act 1973*.

Question 20

Was the accident reported to the Police?

NO YES

If YES, please complete questions 21, 22, 23 and 24.

If NO, please indicate reason for failure to do so.

Reporting of the Accident to Police

Question 21

Report details

Police Station Reported to:	
Date Reported:	
Officer's Name:	
Officer's Number:	

Question 22

Did the Police attend the scene of the accident?

NO YES

Question 23

Was a breathalyser test conducted?

NO YES

If YES, provide result details.

Question 24

Are you aware of any police action being taken or threatened as a result of the accident?

NO YES

If YES,

Details of action pending or taken

General Authority

I/We hereby consent to the Motor Accidents Insurance Board or its servants or agents disclosing or using, whether generally or under any Personal Information Act, my/our Health Information and Personal Information for the purposes of determining its obligations under the *Motor Accidents (Liabilities and Compensation) Act 1973* and to investigate the motor accident which occurred on or about the above accident date.

I/We also consent to the Motor Accidents Insurance Board obtaining from the Motor Registry or its servants or agents any Personal Information it requires including information relating to my/our licences and motor vehicle registration details.

A clear photocopy or imagery reproduction of this authority is to be considered as valid as the original.

Signature of Registered Operator / Owner

Dated

Signature of Driver

Dated

Declaration

I/We declare that the information provided in this form is, to the best of my/our knowledge and belief, a true and correct record of the accident.

Signature of Registered Operator / Owner

Dated

Signature of Driver

Dated

Please note: If you have suffered "personal injury" resulting directly from a motor accident as defined in the legislation and wish to claim no-fault benefits, you must complete an **Application for Scheduled Benefits Form (Claim Form B)**