

Application for Scheduled Benefits

CLAIM FORM B

To be completed by, or on behalf of those who suffer personal injury as a result of a motor accident.

The Motor Accidents Insurance Board (MAIB) of Tasmania 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.

All claims for no fault benefits are assessed and processed in accordance with the provisions of the *Motor Accidents (Liabilities and Compensation) Act 1973* ("The Act").

In order to claim no-fault benefits you must:

- (a) have suffered "personal injury resulting directly from a motor accident" as defined in the Act; and
- (b) report the accident to a police officer;
- (c) complete an MAIB **Application for Scheduled Benefits** form;
- (d) complete an MAIB **Notice of Accident** form if you were the owner and/or driver of one of the vehicles involved in the accident.

Forms need to be completed and lodged with MAIB as soon as possible as time limits are applicable.

Level 1, 33 George Street
Launceston, TAS 7250
PO Box 590, Launceston, TAS 7250

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

Personal Information Protection Statement

1. Personal information will be collected from you and will be used by MAIB and its Agents to determine entitlement under The Act and accompanying regulations to common law damages and/or no fault benefits. Information collected may be used for other purposes permitted by the *Personal Information Protection Act 2004* (PIP Act).
2. You are required to provide this information by The Act 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 will 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 PIP Act and may be accessed by the individual to whom it relates on request to the MAIB Executive 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.

What You Need To Do

1. **REPORT THE ACCIDENT TO A POLICE OFFICER**
You must report the accident to the police as soon as possible after the accident.
Online reporting is not acceptable.
2. **SUBMIT YOUR CLAIM WITHIN 12 MONTHS**
Answer all answers truthfully, giving as much detail as you can.
Claims must be lodged within 12 months of the motor accident.
3. **SIGN THE DECLARATION ON PAGE 8**
You must sign the declaration on page 8 of this form. If your claim does not include a signed declaration it may be delayed.
4. **IF YOU WERE A DRIVER**
You must also complete a **Notice of Accident (Claim Form A)**.

What Happens Next

You will be contacted within 5 working days to confirm receipt of your claim form and the status of your claim.

If you are claiming for housekeeping or loss of income assistance, further information will be sent to you on receipt of your completed and signed claim form.

Personal Details

Question 1:

Mr Mrs Miss Ms Other (please specify)

Date of Birth

/ /

Male

Female

Surname

Given names

Home address

City/Town

State

Postcode

Postal address

City/Town

State

Postcode

Mobile telephone number

()

Email address

Work telephone number

()

Home telephone number

()

Preferred method for correspondence

Email

Post

How long have you resided in Tasmania

Years Months

Are you known, or have you previously been known by any other name(s). Please write name(s) in full

Accident Details

Question 2:

Date of Accident

/ /

Day of the week

Time

am/pm

Exact Location of the Accident

Street/s

City/Town

State

Postcode

Question 3: Did the accident occur on the way to or from work

Yes

No

Question 4: Did the accident occur during the course of your work

Yes

No

Question 5: What was your role in the accident

Driver

Passenger

Motorcycle rider

Motorcycle Passenger

Cyclist

Pedestrian

Other

Question 6: If you were a driver or passenger in a vehicle, were you wearing a seatbelt

Yes

No

Question 7: If you were on a motorcycle or bicycle, were you wearing a safety helmet

Yes

No

Question 8: Did you take any drugs, including medication or alcohol, in the 12 hours before the accident Yes No

If yes, give details of the type and amount

Question 9: If you were a passenger, did the driver/rider take any drugs, including medication or alcohol, in the 12 hours before the accident Yes No Don't know

If yes, give details of the type and amount (if known)

**Drivers of vehicles involved do NOT need to complete the next section.
Go to Question 19 (Page 6)**

Question 10: How many motor vehicles were involved in the accident

Question 11: Provide details of the vehicle you were in or on at the time of the accident. If a pedestrian or cyclist, provide details of the driver and vehicle involved

Registration number State Make or model Type (i.e.: sedan or hatch) Colour

Number of people in the vehicle

Driver's details

Surname Given names

Home address

Suburb State Postcode

Telephone number Email address

Owner's details (if different from the driver)

Surname Given names

Home address

Suburb State Postcode

Telephone number Email address

Question 12: Estimate the speed of the vehicle at the time of the accident km/hour

Question 13:

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Question 14: Provide a description of how the accident occurred (if more room required - please add an attachment)

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 *

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Reporting of the Accident to Police

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

Question 16: How was the accident reported to the police

Police took details at the scene

At a police station on / /

By phone on / /

Provide the police officer's name and badge number

Question 17: Was a breathalyser and/or blood test conducted Yes No

If yes, provide result

Question 18: Are you aware of any police action being taken Yes No

If yes, provide details

Injury Details

Question 19: Did an ambulance attend the scene

Yes No

Question 20: Is your claim for ambulance attendance only (no injury sustained)

Yes No

If yes, go to page 8 and sign the declaration

Question 21: Were you treated for your injuries at a hospital Yes No If no, go to question 23

Name of hospital

Were you:

treated in the emergency department only (Go to question 23)

admitted to the hospital

Question 22: Have you been discharged from hospital

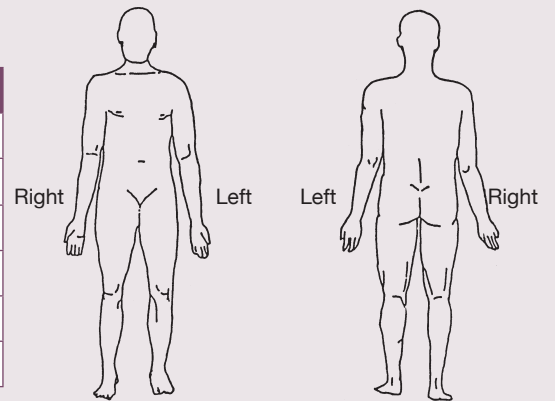
Yes If yes, when / / Please attach copy of the Hospital Discharge Summary if you have it

No

Question 23: What are your injuries from the accident?

List all your injuries below, and mark the affected areas on the body map.

Injury	Location (for example, left or right)



Question 24:

Name of the doctor or practitioner who first treated you

Question 25:

Name and address of your usual General Practitioner

Question 26:

Are you still receiving medical treatment for the above injuries

Yes No

Question 27:

Provide full details of any physical disability or health problems existing before the accident

Question 28:

Have you previously lodged a claim for personal injury benefits

Yes No

If YES Provide full details below:

If NO Go to Question 30

Traffic Accident

Workers Compensation Claim

Other Claim for Personal Injury

Type of Claim	Claim Lodged With	Dates of Injury
		/ /
		/ /

Question 29:

Are the injuries sustained in this accident of a similar nature to those claimed above

Yes No

Direct Deposit of Payments

Any payments/reimbursements payable to you by the MAIB will be deposited direct into your nominated Bank account

Name and address/branch of Bank

Branch/BSB Number (6 Digits)

Account Number

Account held in the name(s) of

Ongoing Incapacity

Question 30: Are there any household duties that you usually perform on a weekly basis, but are now unable to

Yes

No

Question 31: What was your employment status at the time of the accident

Employed

Self-employed

Home duties

Retired

Student/child

About to start employment

Not employed

Other

(give details)

Your occupation (If employed at the time of the accident)

Your employer/business details

Name of contact person

Street

Suburb

State

Postcode

Telephone number

Email address

Question 32: Have you taken time off work, or lost income, because of your injuries

Yes

No

Question 33: Have you returned to work

Yes

Date returned

No

Anticipated return to work date

If you answered yes to Question 30 and/or Question 32, further information will be sent upon acceptance of your claim.

Declaration and Authority

I declare that the information provided in this form is, to the best of my knowledge and belief, a true and correct record of the accident. I understand that if I knowingly make a false statement on this form, that I may be liable for punishment by law.

I hereby authorise the Motor Accidents Insurance Board (MAIB), or its agent, to contact and obtain information and documents relevant to my motor vehicle accident, the injuries I suffered in the accident or any injury or condition that existed before the motor accident and has been affected as a result of the accident from:

- any medical practitioner, ambulance service, health professional or other person who has treated me, or the registrar of any hospital at which I have received treatment;
- any insurer carrying on a business of providing Worker's Compensation, personal injury, disability or motor vehicle insurance;
- a department, agency or instrumentality of the Commonwealth, the State, or another State/Territory, administering police, taxation, Medicare Australia payments or social welfare laws.

I further authorise the MAIB or its servants or agents to disclose or use my personal information for the purposes of managing my claim under the *Motor Accidents (Liabilities and Compensation) Act 1973* and investigating the motor accident.

I also authorise the MAIB to obtain from the Motor Registry or its servants or agents any personal information required about me.

I consent to each of the persons or bodies mentioned in this authority providing the relevant information to the MAIB to assist in the management of my claim.

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

Signature

Date

 / /

Full Name

Date of Birth

 / /

If the person completing this form is not the Injured Person, please provide details

Surname

Given Names

Home address

City/Town

State

Postcode

Relationship to Claimant

Reason for completing this form on behalf of Claimant

Signature

Date

 / /