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- When to use this form** If you have been injured in, and/or received medical treatment as the result of a motor accident, complete this form to submit a claim to the Motor Accidents Insurance Board of Tasmania (MAIB).
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- How to make a claim**
- Report the accident to a police officer as soon as possible (if the police did not attend the scene of the accident).
 - Complete an **Application for Benefits (Form B)** and return it to us within 12 months of the date of the accident.
 - Complete a **Notice of Accident (Form A)** if you were the driver and/or the owner of a vehicle involved in the accident.
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- Things to note**
- This form is to be completed by or on behalf of a person who has been injured in, and/or received medical treatment as a result of a motor vehicle accident.
 - You must report your accident to a police officer in order for the MAIB to assess your claim.
Note: Online reporting completed through the traffic crash reporting section of the Tasmania Police website is unable to be accepted.
 - Time limits apply to you making a claim. You have 12 months to submit a claim from the date of your accident.
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- Filling in this form**
- Use a black or blue pen and print in BLOCK LETTERS.
 - Where you see a box like this **Go to 7** skip to the question number shown. You do not need to answer the questions in between.
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- Need assistance?**
- Call toll free:** **1800 006 224** Monday to Friday, between 8:30 am and 5:00 pm.
To speak to us in languages other than English, call the Translating and Interpreting Services (TIS) on 13 14 50. **Note:** call charges may apply.
- Website:** www.maib.tas.gov.au
- Email:** info@maib.tas.gov.au
- Visit us:** Level 1, 33 George Street, Launceston
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- Returning your form**
- Check you have answered all required questions and have signed and dated the form.
Return your completed form:
- by email to: **info@maib.tas.gov.au**
 - by post to: **Motor Accidents Insurance Board
Reply Paid 590
Launceston TAS 7250**
 - in person to: **Motor Accidents Insurance Board
Level 1
33 George Street
Launceston**
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- What happens next?**
- We will contact you within 5 working days after receipt of your claim to notify you of the status of your claim.
 - If you are eligible for loss of income or housekeeping assistance, we will contact you to provide further information.

Information in languages other than English

English

To speak to us in a language other than English, call the Translating and Interpreting Services (TIS) on 13 14 50. **Note:** call charges may apply.

Chinese

欲使用英语外其它语言与我们沟通，请拨打13 14 50 翻译服务热线(TIS)转接。注：可能产生相关电话费。

German

Um mit uns in einer anderen Sprache als Englisch zu sprechen, rufen Sie bitte den Übersetzungs- und Dolmetscherdienst (TIS) unter 13 14 50 an. **Hinweis:** Es können Gesprächsgebühren anfallen.

Greek

Για να μας μιλήσετε σε γλώσσα άλλη εκτός της Αγγλικής, καλέστε την Υπηρεσία Μεταφραστών και Διερμηνέων (TIS) στο 13 14 50. Σημείωση: Μπορεί να ισχύσουν χρεώσεις κλήσεως.

Italian

Se desiderate parlare con noi in una lingua diversa dall'inglese, chiamate il servizio di traduzione e interpretariato (TIS) al numero 13 14 50. Potrebbero essere applicati dei costi di chiamata.

Nepali

हामी संग अंग्रेजी बाहेक अन्य भाषामा कुरा गर्नकोलागि, ट्रान्सलेटिङ्ग एण्ड इन्टरप्रेटिङ्ग सर्भिसिस (TIS) को १३ १४ ५० मा फोन गर्नुहोला। **टिप्पणी:** कलको पैसा लाग्न सक्नेछ।

Applicant's details

Note: The applicant is the injured person.

1 Applicant's name

Mr Mrs Miss Ms Other

Surname

Given names

2 Have you been known by any other name(s)?

No

Yes List the full name(s)

3 Date of birth

 / /

4 Gender

Male Female Other

5 Home address

 State Postcode
 Country (if not Australia)

6 Postal address (if same as home address, write 'As above')

 State Postcode
 Country (if not Australia)

7 Applicant's contact details

Daytime phone number

Alternate phone number

Email

8 Do you prefer to receive correspondence by email or post?

Email Post

9 How long have you resided in Tasmania?

years months

10 Do you need a foreign language interpreter when dealing with us?

No

Yes Preferred language

Direct deposit details

Note: Any payments / reimbursement payable to you by the MAIB will be deposited into your nominated account.

11 Name of bank, building society or credit union

Branch number (BSB)

Account number

Account held in the name(s) of

Accident details

12 Date of accident

 / /

13 Time of accident

 am / pm

14 Exact location of the accident

 Street(s)

 Suburb
 State Postcode

15 What was the purpose of your travel at the time of the accident (e.g. private, travel to employment, travel during employment)?

16 What was your role in the accident?

Driver

Passenger

Motorcycle rider

Motorcycle passenger

Cyclist **Go to 19**

Pedestrian **Go to 21**

Other Specify

17 If you were the driver or motorcycle rider –

Provide details of your licence at the time of the accident

Licence number

Expiry date

 / /

Licence current at the time of accident?

No Yes

Australian State / Territory of issue

Country if not Australia*

* If you hold an international licence you must attach a copy of your licence and travel visa to this form.

18 If you were the driver or passenger in a vehicle –

Were you wearing a seat belt?

No Yes

19 If you were on a motorcycle or bicycle –

Were you wearing a safety helmet?

No Yes

20 If you were the driver or motorcycle rider –

Go to 39 Injury details – you do not need to complete questions 21–38.

21 Describe how the accident happened. If you need more space, attach a separate sheet.

A large rectangular area with horizontal dotted lines for writing.

22 Draw a diagram to show how the accident happened. Include streets, intersections, traffic signs and point of impact on the vehicle(s). Use the symbols below and arrows to show the direction the vehicles were travelling in.

Your vehicle A

Other vehicle(s) B C D etc.

Pedestrians 

Point of impact 

A large empty rectangular area for drawing the accident diagram.

Vehicle details

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

23 Vehicle registration number

24 Australian State / Territory where the vehicle is registered (e.g. Tas)

25 Vehicle make (e.g. Toyota, Honda)

26 Model (e.g. Corolla, VRF800)

27 Body type (e.g. Sedan, wagon)

28 Colour

29 Number of people in the vehicle

30 Driver's name

Mr Mrs Miss Ms Other

Surname

Given names

31 Home address

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	<input type="text"/>
Country if not Australia	

32 Driver's contact details

Daytime phone number

Email

Other vehicle details

33 Were any other vehicles involved in the accident?

No

Yes Provide the registration numbers of all other vehicles (if known)

Reporting the accident to Police

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

34 Was the accident reported to Police?

No **Go to 39 Injury details**

Yes

35 How was the accident reported to Police?

Police took details at the scene

At a police station Date

By phone Date

36 Police Officer's name

37 Police Officer's badge number

38 Police Station

Injury details

39 Did an ambulance attend the accident?

No **Go to 41**

Yes

40 Is your claim for ambulance attendance only (no injury sustained)?

No

Yes You do not need to complete any more questions.
Go to 57 Privacy notice

41 Were you treated at a hospital?

No **Go to 44**

Yes Name of hospital

42 Were you admitted to hospital or treated in the emergency department only?

Admitted to hospital

Emergency department only **Go to 44**

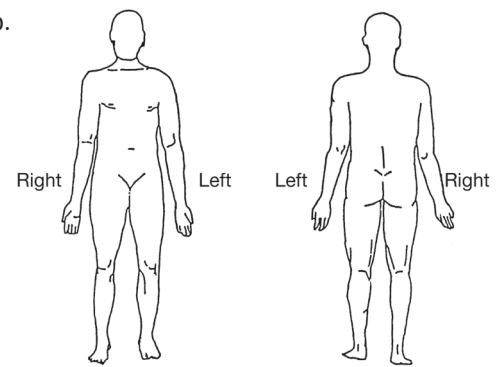
43 Have you been discharged from hospital?

No

Yes Date of discharge

44 List all of your injuries from the accident and mark the affected areas on the body map.

Injury details (e.g. broken left ankle)



46 Are you still receiving medical treatment for any of the above injuries?

No
 Yes

47 Did you have any physical disability or health problems before the accident?

No
 Yes Give full details

48 Have you previously lodged a claim for personal injury benefits?

No **Go to 50 Ongoing incapacity**
 Yes

49 Are the injuries sustained in this accident similar to the personal injury claim(s)?

No
 Yes Give details of the personal injury claim(s)

Type of claim (e.g. traffic accident, workers compensation)	Claim lodged with	Date of injury
		/ /
		/ /
		/ /

Ongoing incapacity

50 Are there any household duties you usually do on a weekly basis, but are now unable to do?

No
 Yes

51 Have you taken time off work, or lost income, because of your injuries?

No **Go to 57 Privacy notice**
 Yes

52 What was your employment status at the time of the accident?

Employed
 Self-employed
 About to start employment

53 Your occupation at the time of the accident

54 Your employer / business name

55 Employer's contact details

Surname

Given names

Address

State Postcode

Daytime phone number

Email

56 Have you returned to work

No Anticipated return date

Yes Date of return

Returned on: Full duties Partial duties

Privacy notice

57 The *Personal Information Protection Act 2004* (PIP Act) regulates the way in which Tasmanian public authorities deal with how personal information is collected, maintained, used and disclosed in the course of delivering services. The MAIB is the custodian of personal information collected by it and its collection, use and disclosure is governed by the PIP Act.

The MAIB's Personal Information Protection Policy sets out the principles that are applied by the MAIB in collecting and managing personal information.

A copy of the MAIB's Personal Information Protection Policy can be downloaded from the MAIB's website at

<http://www.maib.tas.gov.au/privacy-of-information/> or you can arrange to have a copy posted to you by contacting the MAIB on toll free number **1800 006 224**.

Declaration and Authority

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

58 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 **authorise** the Motor Accidents Insurance Board (MAIB), or its servants or agent, to:

- contact and obtain information and documents relevant to my motor 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 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.
- 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.
- obtain from the Motor Registry 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.

Signature of
applicant

Date

Applicant's surname

Given names

Date of birth

59 Was this form completed by someone on behalf of the applicant?

No

Yes Give details of the person who completed the form

Surname

Given names

Home address

State	Postcode
Country if not Australia	

Daytime phone number

Relationship to the applicant (e.g. mother)

Reason for completing on behalf of the applicant

Signature

Date