

# MOTOR ACCIDENT COMPENSATION TO RELATIVES FORM



MOTOR ACCIDENTS  
AUTHORITY

THIS CLAIM FORM IS APPROVED BY THE MOTOR ACCIDENTS AUTHORITY OF NSW. IT IS TO BE USED FOR CLAIMS MADE UNDER THE COMPENSATION TO RELATIVES ACT 1897 FOR ACCIDENTS ON OR AFTER 1 OCTOBER 2008

## Who Can Make a Claim

If you are the close relative (or the executor or administrator of the estate) of a person who died in a motor vehicle accident in NSW, there are a number of circumstances under which you may be eligible to claim compensation for the financial losses you and other close relatives may have suffered as a result of the death of that person.

For the purposes of making a claim a close relative is a wife, husband, de facto partner, brother, sister, half-brother, half-sister, parent or child of the person who died.

### 1. Other driver or owner of vehicle at fault

Whether the person who died was a driver, passenger, pedestrian, cyclist, motorbike rider or pillion passenger you can make a claim for compensation if you can demonstrate that a driver or owner of a motor vehicle, other than the person who died, was partially or completely at fault.

### 2. Special benefit for children in accidents from 1 October 2006

If the person who died was under 16 years of age and lived in NSW at the time of the accident you may still make a claim even if the accident was not caused by the driver or owner of a motor vehicle (i.e. the accident was caused by the child). Please refer to the Important note for children on page 6 for more information.

### 3. Blameless accidents from 1 October 2007

If the accident occurred on or after 1 October 2007 you may be able to make a claim for compensation even if the accident in which the person died was a blameless motor accident. Examples of blameless motor accidents could include accidents resulting from the sudden illness of a driver, such as heart attack or stroke or vehicle failure such as a tyre blow-out.

If the person who died was a passenger, pedestrian, cyclist, pillion passenger, driver or motorcycle rider you can make a claim. However, special rules apply to drivers and motorcycle riders in blameless accidents. You may not be entitled to make a claim if the person who died was involved in a single vehicle accident or if the person who died was driving or riding the vehicle that caused the accident (i.e they were the driver that suffered a medical condition which resulted in the motor accident).

For more information about the special rules that apply to drivers and motorcycle riders in blameless accidents, contact the Claims Advisory Service on 1300 656 919.

## If you were injured in a motor vehicle accident

Do not use this form if you were injured in a motor vehicle accident. If you were injured in a motor vehicle accident contact the CTP insurer to obtain a Personal Injury Claim Form. You can use the Personal Injury Claim Form for an injury that is physical, psychological or psychiatric.

## Where To Send The Claim Form

You must send the completed claim form to the Green Slip or Compulsory Third Party (CTP) insurer of the motor vehicle you consider caused the accident. If you are unsure of where to send your claim form contact the MAA's Claims Advisory Service on 1300 656 919.

**The claim form should be sent to the CTP insurer as soon as possible but no later than six months after the death. Even though you might not want to think about filling in forms right now, you and your family may miss out on compensation if you do not lodge your claim within six months of the death of your relative.**

## Help with your claim

If you are claiming more than funeral expenses, you might like to **talk to a solicitor**. A solicitor who understands this area of the law can help you work out who should be named in the form and who should receive compensation. Contact the NSW Law Society's Community Assistance Service (02 9926 0300) for names of personal injury accredited solicitors in your area.

## Need More Information?

- Contact the Claims Advisory Service on 1300 656 919, or
- Visit the Motor Accidents Authority's (MAA) website at [www.maa.nsw.gov.au](http://www.maa.nsw.gov.au)



# ABOUT THE INFORMATION IN THIS FORM

## The information in this form is required by law

The information in this form is required by laws covering motor accidents compensation. Failure to provide the required information may result in delays in processing your claim or it being rejected.

The information in this form is used by insurers to help determine liability for your claim and your compensation entitlements. It is important that you answer the questions fully. For example, you should include details of all dependants of the person who died.

## Your information is confidential

The information in this form will be treated confidentially. Only staff of the Motor Accidents Authority (MAA), CTP insurers and other approved bodies with proper legal authority are allowed to access your information and are restricted in how they use the information. You have the right to access and correct information about you held by the MAA or CTP insurers. If you consider:

- that your personal information has been handled incorrectly by the MAA, you can ask the authority to undertake an internal review or you may contact Privacy NSW
- an insurer has handled your information incorrectly, you may contact the relevant insurer for an internal review or the Office of the Federal Privacy Commissioner.

CTP insurers are bound by national privacy principles. You may visit the licensed insurers' websites or contact them directly to request information on how to access your personal information, seek an internal review or determine with whom they share the information.

## The information you provide must be truthful

You must answer the questions fully and truthfully. Information that is knowingly false or misleading may result in a fine of up to \$5,500 or imprisonment for up to 12 months or both.

# INTERPRETER ASSISTANCE

If you need an interpreter service to help you read this form, contact:

## Associated Translators & Linguists Pty Ltd

Level 5, 72 Pitt Street, Sydney, NSW 2000

P: 02 9231 3288 F: 02 9221 4763 www.atl.com.au

Office hours: 8.00am to 5.30pm (this interpreter service is provided free of charge to claimants).

ARABIC	.9231 3288 رقم بتليفون الإتصال بالطلب. فالرجاء لقراءة هذا المترجم لقرءة هذا المترجم
CHINESE	如您需要傳譯員讀這表格請致電 9231 3288 如您需要传译员读这表格请致电 9231 3288
CROATIAN	AKO TREBATE PREVODITELJA DA VAM PROČITA OVAJ FORMULAR NAZOVITE 9231 3288
FARSI	اگر برای خواندن این فرم به مترجم احتیاج دارید به شماره 9231 3288 تلفن کنید.
GREEK	AN XREIAZESTE DIERMHNEA NA SAS DIABASEI AYTO TO ENTYPHO THLEFONHSETE STO 9231 3288.
INDONESIAN	JIKA ANDA MEMERLUKAN BANTUAN PENERJEMAH UNTUK MEMBACA FORMULIR INI, SILAHKAN MENELEPON 9231 3288.
ITALIAN	SE AVETE BISOGNO DI UN INTERPRETE PER LEGGERE QUESTO MODULO CHIAMATE IL 9231 3288.
KOREAN	이 서식을 읽기 위해 통역이 필요하시면 전화 9231 3288로 연락 주십시오.
MACEDONIAN	AKO VI TREBA TOLKUVACH DA VI GO PROČITA OVOJ FORMULAR JAVETE SE NA 9231 3288.
POLISH	JEŚLI DO PRZECZYTANIA TEGO FORMULARZA POTRZEBUJE PAN(I) POMOCY TŁUMACZA, PROSZĘ ZATELEFONOWAĆ POD NUMER 9231 3288
PORTUGUESE	SE NECESSITAR QUE UM INTÉRPRETE LHE LEIA ESTE IMPRESSO TELEFONE PARA O NÚMERO 9231 3288.
SERBIAN	AKO TREBATE PREVEDIOCA DA VAM PROČITA OVAJ FORMULAR NAZOVITE 9231 3288.
SPANISH	SI NECESITA QUE UN INTERPRETE LE LEA ESTE DOCUMENTO, LLAME AL: 9231 3288.
TAGALOG (FILIPINO)	KUNG KAILANGAN NINYO NG TAGASALINWIKA (INTERPRETER) SA PAGBABASA NG NAKASULAT DITO TUMAWAG SA 9231 3288
TURKISH	BU FORMU OKUMAK İÇİN TERCÜMANA İHTİYACINIZ VARSA 9231 3288. 'E TELEFON EDİNİZ.
VIETNAMESE	NẾU BẠN CẦN THÔNG DỊCH VIÊN ĐỂ ĐỌC MẪU ĐƠN NÀY HÃY GỌI ĐIỆN THOẠI SỐ 9231 3288.

If you need an interpreter to help you read this form, the declaration below must be completed by the interpreter and the claimant.

## Interpreter declaration

- 1 We declare that the Motor Accident Compensation to Relatives Form has been read to the undersigned claimant by the undersigned interpreter.
- 2 We understand that the Motor Accidents Authority of New South Wales and Associated Translators & Linguists Pty Limited bear no responsibility for any loss whatsoever arising from the interpreting service provided.
- 3 We acknowledge that the interpreting service provided by Associated Translators & Linguists Pty Limited was limited to reading the claim form.
- 4 This declaration has been read to the claimant by the undersigned interpreter.

Claimant's name

Claimant's signature

Interpreter's name

Interpreter's signature

Claimant's address

Date:

# MAKING A COMPENSATION TO RELATIVES CLAIM

There are a number of steps to making a claim:

## 1 Report the accident to the police

You must report the accident to the police as soon as possible, and in any case, within 28 days after the accident. If the accident is reported late and you cannot give a reason, it could affect the insurer's decision about your claim. If the accident has been reported late, please attach an explanation to this claim form giving the reasons for the delay.

## 2 Find out the CTP insurer of the NSW motor vehicle you consider caused the accident

Contact the Claims Advisory Service on 1300 656 919 to find out the CTP insurer. You will need to give them the NSW registration number plate of the motor vehicle you consider caused the accident and the date of the accident.

If the motor vehicle you consider caused the accident is:

- not a NSW registered motor vehicle, you will need to contact the relevant state or territory.
- unregistered or cannot be identified (e.g. hit and run) see step 4 below for further instructions.

## 3 Identify the motor vehicle and person you consider caused the accident

You must indicate the motor vehicle and/or person you consider caused the accident (Q22). If you are having difficulty in finding out the motor vehicle registration number and/or the person you consider caused the accident contact the police.

## 4 If the motor vehicle you consider caused the accident was uninsured or unidentified

The Nominal Defendant receives claims where the motor vehicle you consider caused the accident cannot be identified or is uninsured, and the accident occurred in NSW.

Before sending the claim you must take action to find out the registration number of the motor vehicle or the person you consider caused the accident. For example, by putting an advertisement in the newspaper or attempting to talk to witnesses.

If you cannot find out the registration number or if the motor vehicle is unregistered and not covered by CTP insurance, send your claim to the Nominal Defendant at Level 25, 580 George Street, Sydney NSW 2000, (DX 1517 Sydney). If you need more information about the Nominal Defendant call 1300 137 131 or visit [www.maa.nsw.gov.au](http://www.maa.nsw.gov.au)

## 5 Complete the claim form on behalf of all dependants

A compensation to relatives claim is made by one person on behalf of all dependants of the deceased. In filling out the compensation to relatives claim form it is necessary to not only include any claim you have for loss of dependency (financial support or loss of services) but also the claims of anyone else who was dependent on the deceased. The entitlements of all dependants are dealt with at the same time and as part of the same claim.

## 6 Send the claim form to the CTP insurer

You must send the completed claim form to the CTP insurer of the motor vehicle you consider caused the accident (see step 2 above).

The claim form should be sent as soon as possible, but no later than six months from the date of death. You can still make a claim more than six months after the date of death. However, your claim could be rejected if you cannot give a satisfactory reason for the delay. If you make a claim more than six months after the date of death, please attach an explanation to this claim form giving reasons for the delay.

## 7 If the person who died was under 16 years at the date of accident

Attach proof of age (a certified copy of the birth certificate, death certificate or passport) and proof that the person who died was a resident of NSW at the date of their death (refer to the Important note for children on page 6).

## 8 Keep a copy of the completed forms and accounts and invoices

Please attach any original accounts and invoices you may already have to the claim form. Keep a copy of all forms, certificates, accounts and invoices, etc, so that you have your own record.

# AFTER YOU SEND YOUR CLAIM TO THE CTP INSURER

## 1 You will receive a letter from the insurer

You will get a letter from the insurer telling you they have received your claim. The letter will include a claim or reference number that you should use if you want to talk to the insurer about your claim. The letter will also include a contact person's name and phone number.

## 2 You must help the CTP insurer with its investigation of your claim

The insurer will investigate your claim. You may be required to give the CTP insurer more information, photographs, documents or records.

## 3 The insurer will tell you its decision about your claim

The insurer will tell you whether liability is accepted (fully or partly) or denied. The insurer is required to make a decision on liability within three months of a claim being made. If the insurer accepts liability, they will then make an offer of settlement, that is, an offer to pay an amount of compensation they think is appropriate after investigating the losses you describe in this form.

The settlement offer may include payment for:

- Funeral expenses paid for either by you or a close relative
- The loss of financial support which the person who died would have provided to you or other close relatives if the person had not died
- Loss of services (such as those previously provided by a parent to a child)
- Hospital and other medical expenses
- Loss of earnings the person suffered prior to their death.

You may negotiate with the insurer to settle your claim. This can include accepting the insurer's offer or making a counter-offer.

If the CTP insurer denies liability on your claim, contact the Claims Advisory Service on 1300 656 919 for further information as you may have further rights against the CTP insurer.

## 4 Important note for children

From 1 October 2006, if the person who died was under 16 years of age and lived in NSW at the time of their death, you may still make a claim for the children's special benefit even if the accident was not caused by the owner or driver of a motor vehicle. The special benefit provides for reasonable funeral or cremation expenses associated with the death of the child. If the accident was caused, wholly or in part, by the driver or owner of a motor vehicle other compensation entitlements may apply.

## 5 CTP insurer handling of your claim

CTP insurers are required to comply with the MAA Claims Handling Guidelines, which are available at [www.maa.nsw.gov.au](http://www.maa.nsw.gov.au). If you need a copy sent to you, contact the Claims Advisory Service on 1300 656 919.

# PERSONAL DETAILS

## Details of the deceased person

Ms  Mrs  Miss    
Mr  Other  Surname/family name Given name(s)

Was the person under 16 years at the date of death? No  Yes  Date of birth  /  /

Sex: M  F   
Marital status: Never married  Married (legal or defacto)  Divorced  Separated  Widowed

Driver's licence number  Occupation

Medicare number  State

Home address

Town/suburb  State  Postcode   
Date of Death  /  /  Cause of death, if known

Note: a copy of the death certificate should be lodged with this claim. If this certificate is not available when you lodge the form, forward it as soon as it is.

## Details of the person making this claim

Ms  Mrs  Miss    
Mr  Other  Surname/family name Given name(s)

Have you ever been known by another name? No  Yes

Do you need an interpreter to help you with your claim? No  Yes    
Language

Home address   
Town/suburb  State  Postcode

Postal address (or as above)

Postbox  Town/suburb  State  Postcode

Phone numbers  
( )  Home ( )  Work ( )  Mobile

Email address

Are you a close relative of the deceased person? No  Yes    
Relationship

Are you the executor or administrator of the estate of the deceased person?

No  Yes

Are you completing this form because you are acting in a professional capacity, e.g. as a solicitor?

No  Yes  ▶

Professional capacity

Who will continue to conduct this claim?

Name

Address

Town/suburb

State

Postcode

## ACCIDENT DETAILS

If you have not reported the accident to the police, report it immediately.

**1** Date of accident

 /  / 

Time of accident

 :  am/pm

Weather and road conditions

**2** Place of the accident (streets and town or suburb)

Street(s)

Town/suburb

State

Postcode

**3** Did the police come to the accident scene?

No

Yes  ▶ Go to Q5

**4** Was the accident reported at a police station?

No  Report the accident immediately

Yes  Date reported

 /  / 

**5** Police officer's details (if you have a copy of the police report, please attach it to this form)

Police officer's name

Police station

Police "event" number

**6** Is police action going to be taken?

No  ▶ Go to Q7

Don't know  ▶ Go to Q7

Yes  ▼

Name of person charged (if known)

Registration plate number

Charge (if known)

Court (if known)

**7** Is a coronial inquest pending?

No

Don't know  ▶ Go to Q8

Yes  ▼

Court (if known)

Date (if known)

**8 What part did the deceased play in the accident?**

Driver     Passenger     Cyclist     Motorbike rider     Pillion passenger     Pedestrian

Go to Q9     Go to Q11     Go to Q12

**9 If the deceased person was a driver or passenger in a motor vehicle, was the driver/rider wearing a seat belt?**    No  Yes  Don't know

**10 If the deceased person was a driver or a passenger in a motor vehicle, was a seat belt fitted to the vehicle?**    No  Yes  Don't know

**11 If the deceased person was on a motorbike or a bicycle, was he/she wearing a safety helmet?**    No  Yes  Don't know

**12 Had the deceased person taken any drugs, including medication or alcohol in the 12 hours before the accident?**

No  Don't know  Yes

Type and amount

**13 If a blood sample was taken, what was the result?**    Don't know  Go to Q14

**14 If the deceased person was a passenger in a motor vehicle or a passenger on a bicycle or motorbike, had the driver or rider taken any drugs, including medication or alcohol in the 12 hours before the accident?**

No  Don't know  Yes

Type and amount

**15 If a blood sample was taken, what was the result?**    Don't know  Go to Q16

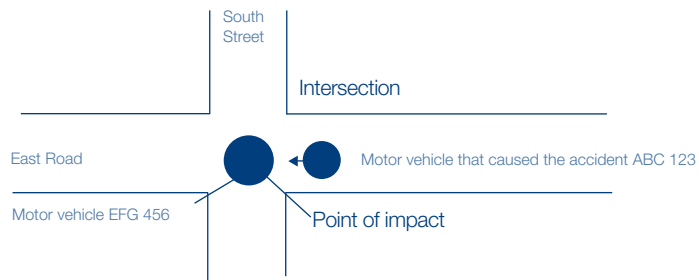
**16 Was the accident a 'blameless accident'?**    No  Yes

Examples of blameless motor accidents could include accidents resulting from the sudden illness of a driver such as heart attack or stroke or vehicle failure such as a tyre blow-out.

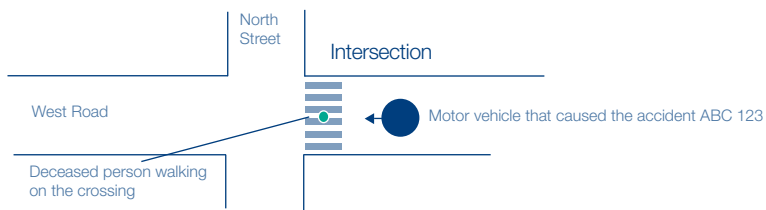
If you answered 'yes' to Q16 you will need to include details of why you think the accident was 'blameless' in your description of the accident at Q18. You may also be required to provide more information after you lodge this claim form.

**17 Draw a diagram of the accident. Include intersections, streets, roads and their names. Show the point of impact and position of all motor vehicles.**

Example diagram for motor vehicle



Example diagram for pedestrian/cyclist



**Diagram of the accident**

Blank area for drawing the accident diagram.

**18 Description of the accident (including who you consider caused the accident and how the accident happened)**

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Please attach a separate page if you need to include more information.

# DETAILS OF ALL MOTOR VEHICLES INVOLVED IN THE ACCIDENT

19 How many motor vehicles were involved in the accident?

20 Do you know the registration number of the motor vehicle you consider caused the accident?

Yes  ► Go to Q22

No  If you don't know this information after contacting the police go to Q21.

21 Applies to unidentified motor vehicles only

You have an obligation to provide evidence of steps taken to find out the registration number or the name of the person who drove the motor vehicle you consider caused the accident. Please list any actions you have taken and attach any proof such as a newspaper advertisement or account of discussions with any witnesses, etc. Fill in as many of the details at Q22 as you can.

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Now fill in as many of the details in Q22 as you can

22 Provide details of the motor vehicle you consider caused the accident

Registration number

Make or model (e.g. Toyota Camry)

Type (e.g. station wagon, sedan)

State

Year of manufacture

Colour

Number of people in vehicle

Driver's licence number

Including driver

State

Briefly describe the damage caused to this vehicle (if known) Name of property damage or comprehensive insurer, if known

Driver's surname/family name

Driver's given name(s)

Driver's home phone

Driver's work phone

Driver's mobile phone

( )

( )

( )

Driver's address

Town/suburb

State

Postcode

Owner's surname/family name (if same as driver, write "as above") Owner's given name(s)

(Or organisation/company name)

Owner's home phone

Owner's work phone

Owner's mobile phone

( )

( )

( )

Owner's address

Town/suburb

State

Postcode

**23 Was the deceased person travelling in this vehicle?** Yes  ► Go to Q25 No  ▼

**24 Provide details of the vehicle the deceased person was travelling in (if they were travelling in a vehicle)**

Registration number	Make or model (e.g. Toyota Camry)	Type (e.g. station wagon, sedan)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Year of manufacture	Colour	Number of people in vehicle	Driver's licence number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<small>Including driver</small>	<small>State</small>
Briefly describe the damage caused to this vehicle (if known)		Name of property damage or comprehensive insurer, if known	
<input type="text"/>		<input type="text"/>	
Driver's surname/family name		Driver's given name(s)	
<input type="text"/>		<input type="text"/>	
Driver's home phone	Driver's work phone	Driver's mobile phone	
<input type="text"/> ( )	<input type="text"/> ( )	<input type="text"/> ( )	
Driver's address			
<input type="text"/>			
		<small>Town/suburb</small>	<small>State</small> <small>Postcode</small>

**25 Provide details of any other vehicle(s) involved in the accident**

Registration number	Make or model (e.g. Toyota Camry)	Type (e.g. station wagon, sedan)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Year of manufacture	Colour	Number of people in vehicle	Driver's licence number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<small>Including driver</small>	<small>State</small>
Briefly describe the damage caused to this vehicle (if known)		Name of property damage or comprehensive insurer, if known	
<input type="text"/>		<input type="text"/>	
Driver's surname/family name		Driver's given name(s)	
<input type="text"/>		<input type="text"/>	
Driver's home phone	Driver's work phone	Driver's mobile phone	
<input type="text"/> ( )	<input type="text"/> ( )	<input type="text"/> ( )	
Driver's address			
<input type="text"/>			
		<small>Town/suburb</small>	<small>State</small> <small>Postcode</small>

Please attach a separate page if you need to include more information.

# DETAILS OF WITNESSES

## 26 Witnesses. Provide details of witnesses (including witnesses in the same motor vehicle as the deceased person).

### Witness 1

Surname/family name

Given name(s)

Home address

Home phone

Work phone

Town/suburb

Mobile phone

State

Postcode

Registration number (if the witness was in a vehicle)

Relationship to deceased (if any)

State

### Witness 2

Surname/family name

Given name(s)

Home address

Home phone

Work phone

Town/suburb

Mobile phone

State

Postcode

Registration number (if the witness was in a vehicle)

Relationship to deceased (if any)

State

### Witness 3

Surname/family name

Given name(s)

Home address

Home phone

Work phone

Town/suburb

Mobile phone

State

Postcode

Registration number (if the witness was in a vehicle)

Relationship to deceased (if any)

State

### Witness 4

Surname/family name

Given name(s)

Home address

Home phone

Work phone

Town/suburb

Mobile phone

State

Postcode

Registration number (if the witness was in a vehicle)

Relationship to deceased (if any)

State

Please attach a separate page if you need to include more information

# DETAILS OF FINANCIAL LOSSES

## Funeral expenses

Once liability is admitted, insurers should pay or reimburse the reasonable costs of funeral and other burial expenses (including a headstone).

27 **Date of funeral**

**Cost of funeral**

**Have the funeral expenses been paid?**

Yes

No

Name and address of the person(s) who paid for the funeral

Town/suburb

State

Postcode

28 **Has the headstone been paid for?**

Yes

No

Name and address of the person(s) who paid for the headstone

Original accounts and/or receipts for the funeral and headstone expenses must be sent to the insurer before payments can be made.

## Details of dependant persons claiming loss of financial support

Before the accident, the person who died may have been giving close relatives money and other things like food, housing and clothing or making payments to someone else on behalf of a dependant (eg. rent or mortgage payments, car or education expenses). These close relatives or "dependants" might be the deceased person's wife, husband, de facto partner, parent, child, brother, half-brother, sister or half-sister.

29 **Do any of the deceased person's dependants wish to claim compensation for the loss of financial support they were receiving prior to the death of their close relative?**

Yes

No

▶ Statutory Declaration on page 22

If you or any of the close relatives are claiming compensation for loss of financial support you will need to provide the following information about yourself and the other dependants. If there are more than three dependants, write the information on a separate sheet of paper labelled "Dependant persons claiming loss of financial support" and attach it to this form.

If any dependants are under 18 years, please attach a copy of each dependant's birth certificate.

### 30 Dependant 1

Full name (title, given names, surnames)

Date of birth

 /  / 

Marital status

- never married  
 legally married

- widowed  
 de facto

- divorced  
 separated

If this person is less than 18 years please attach a copy of the birth certificate.

Home address

Town/suburb

State

Postcode

Relationship to the deceased person

### 31 Was the dependant employed?

Yes

No  ► Go to Q32

Name and address of dependant's employer

At times of relative's death

Town/suburb

State

Postcode

At present

Town/suburb

State

Postcode

Length of time at present job

Normal weekly earnings  
at time of relatives death

at present

Before tax

After tax

Before tax

After tax

### 32 Does the dependant have any other income, eg. investments, pension, workers compensation, disability or income protection policy?

Yes  ►

No  ► Go to Q33

Describe what kind of income the dependant receives

How much a week does the dependant receive from this other source of income?

### 33 Describe how much financial support the deceased person provided the dependant each week. For example, consider things like money payments (board and allowances) food, clothing, housing, services, (eg. housekeeping and child care) rent, mortgage payments, car payments, car expenses, education expenses, health and medication expenses, utilities and entertainment etc.

If you need more space, please attach a separate page titled "Financial support provided by the deceased".

\* The column titled Method refers to how the deceased relative paid the dependant:

- direct deposit into banking account = bank
- cash direct to dependant = cash
- cheque direct to dependant = cheque

Support	\$/week	*Method
eg. rent	eg. 100	eg. bank

### 34 Dependant 2

Full name (title, given names, surnames)

Date of birth

 /  / 

Marital status

never married

legally married

widowed

de facto

divorced

separated

If this person is less than 18 years please attach a copy of the birth certificate.

Home address

Town/suburb

State

Postcode

Relationship to the deceased person

### 35 Was the dependant employed?

Yes

No  ► Go to Q36

Name and address of dependant's employer

At times of relative's death

Town/suburb

State

Postcode

At present

Town/suburb

State

Postcode

Length of time at present job

Normal weekly earnings  
at time of relatives death

Before tax

After tax

at present

Before tax

After tax

### 36 Does the dependant have any other income, eg. investments, pension, workers compensation, disability or income protection policy?

Yes  ►

No  ► Go to Q37

Describe what kind of income the dependant receives

How much a week does the dependant receive from this other source of income?

### 37 Describe how much financial support the deceased person provided the dependant each week. For example, consider things like money payments (board and allowances) food, clothing, housing, services, (eg. housekeeping and child care) rent, mortgage payments, car payments, car expenses, education expenses, health and medication expenses, utilities and entertainment etc.

If you need more space, please attach a separate page titled "Financial support provided by the deceased".

\* The column titled Method refers to how the deceased relative paid the dependant:

- direct deposit into banking account = bank
- cash direct to dependant = cash
- cheque direct to dependant = cheque

Support	\$/week	*Method
eg. rent	eg. 100	eg. bank

### 38 Dependant 3

Full name (title, given names, surnames)

Date of birth

 /  / 

Marital status

- never married  
 legally married

- widowed  
 de facto

- divorced  
 separated

If this person is less than 18 years please attach a copy of the birth certificate.

Home address

Town/suburb

State

Postcode

Relationship to the deceased person

### 39 Was the dependant employed?

Yes

No  ► Go to Q40

Name and address of dependant's employer

At times of relative's death

Town/suburb

State

Postcode

At present

Town/suburb

State

Postcode

Length of time in present job

Normal weekly earnings  
at time of relatives death

Before tax

After tax

at present

Before tax

After tax

### 40 Does the dependant have any other income, eg. investments, pension, workers compensation, disability or income protection policy?

Yes  ►

No  ► Go to Q41

Describe what kind of income the dependant receives

How much a week does the dependant receive from this other source of income?

### 41 Describe how much financial support the deceased person provided the dependant each week. For example, consider things like money payments (board and allowances) food, clothing, housing, services, (eg. housekeeping and child care) rent, mortgage payments, car payments, car expenses, education expenses, health and medication expenses, utilities and entertainment etc.

If you need more space, please attach a separate page titled "Financial support provided by the deceased".

\* The column titled Method refers to how the deceased relative paid the dependant:

- direct deposit into banking account = bank
- cash direct to dependant = cash
- cheque direct to dependant = cheque

Support	\$/week	*Method
eg. rent	eg. 100	eg. bank

## DETAILS OF THE RELATIONSHIP BETWEEN THE DECEASED PERSON AND THEIR SPOUSE

42 Does the deceased person have a surviving spouse? Yes  No  ► Go to Q47

43 Was the spouse legally married to the deceased person? Yes  No  ► Go to Q44

Date of marriage

/ /

Place of marriage

A copy of the marriage certificate should be lodged with this claim form.

Go to Question 45

44 If the deceased person lived in a de facto relationship with the surviving spouse, on what date did the relationship start?

/ /

45 Before the accident, was the surviving spouse separated or divorced from the deceased person?

Yes

No

► Go to Q47

When did the separation start?

Separated

Day / Month / Year

Divorced

When did the marriage dissolve?

Day / Month / Year

46 Was there a maintenance order against the deceased person which was current at the date of death?

Yes

No

► Go to Q47

Please provide details

When did the deceased person last pay maintenance?

Day / Month / Year

Amount

\$

## DETAILS OF THE DECEASED PERSON'S EARNINGS

47 At the date of the accident, what was the deceased person's employment status?

self-employed

home duties

retired

other

employed

full time student

unemployed

48 Was the deceased person employed at the date of the accident?

Yes

No

► Go to Q52

49 Name and address of the deceased person's employer at the time of the accident

Town/suburb

State

Postcode

Contact person's name

Contact phone number

( )

THIS QUESTION CONTINUES ON THE NEXT PAGE

Deceased person's usual weekly work hours

Ordinary

Overtime

Description of duties

Standard weekly earnings

Gross pay

Tax

Net pay

**50 Did the deceased person have a second paid job before the accident?**

Yes  ► Go to Q51 No  ► Go to Q52

**51 Name and address of the deceased person's second employer**

Town/suburb

State

Postcode

Contact person's name

Contact phone number

( )

Usual weekly work hours in second job

Ordinary

Overtime

Description of duties (second job)

Standard weekly earnings (second job)

Gross pay

Tax

Net pay

If the deceased person had any other jobs, please attach a page labelled "Other employment".

**52 Was the deceased person self-employed at the time of the accident?**

Yes  No  ► Go to Q56

Name and nature of business

Phone number

( )

Work place address

Town/suburb

State

Postcode

Accountant's name

Town/suburb

State

Postcode

53 Is this business still operating?

Yes

No  ► Go to Q55

54 Has anyone been employed to replace the deceased person?

Yes

No

55 Estimate the earnings lost as a result of the accident and give details of how you calculated the amount. You should give the insurer copies of the deceased person's personal and business income tax returns with this claim form. If you do not have the tax returns then give them to the insurer once they are available.

If you need more space, attach a page labelled "Self employment earnings lost"

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56 Was the deceased person receiving any other form of income at the date of the accident (eg. investment, workers compensation, social security benefits, income protection payments)?

Yes

No

If the deceased person was being paid:

- a benefit, provide the social security number
- worker's compensation, provide the insurer and claim number
- through a disability or income protection policy, provide the insurer and policy number.

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57 Before the accident, had the deceased person made any firm arrangements to start a new job, or stop work, or change duties, working hours or earnings?

Yes

No

Details should state when the new arrangements were going to start. Also, write down the name of the proposed employer. Provide a copy of any letter or other written evidence.

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## OTHER INFORMATION

58 Did the deceased person have any health problems (eg. diabetes, heart condition) before the accident?

Yes

No  ► Go to Q59

Don't know  ► Go to Q59

Please describe the problems

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59 Were there any expenses and financial losses suffered by the deceased person resulting from the accident in the time between the accident and the date of death?

Yes

No

Describe eg. intensive care fees, lost wages

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# 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.**

Declared before me, on Date  /  /

Signature of claimant

Name of person making declaration

Signature of solicitor or justice of the peace

Name of deceased person

Name of solicitor or justice of the peace

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

Business name (if relevant)

Phone

Address

Town/suburb

State

Postcode

## This section to be completed if another person signed for the claimant

Family name

Given name(s)

Relationship to claimant

Phone

Reason why the claimant could not sign

# CHECK LIST

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**Before sending this claim form to the CTP insurer please ensure that you have completed the following steps:**

- Reported the accident to the police
- Nominated the motor vehicle and person you consider caused the accident at question 22 (page 11) and attached any relevant documents relating to how the accident happened
- Found out the CTP insurer of the motor vehicle you consider caused the accident by contacting 1300 656 919
- Signed the statutory declaration (page 22) in the presence of a solicitor or justice of the peace
- Attached proof of age if the person who died was under 16 years at the date of death
- Attached to the claim form any original accounts, receipts or invoices you may already have
- Attached copies of any relevant certificates such as death certificates or marriage certificates
- Made a copy of the claim form, certificates, accounts, invoices etc for your own record

## **Need more information?**

Contact the Claims Advisory Service on 1300 656 919 or visit [www.maa.nsw.gov.au](http://www.maa.nsw.gov.au)