

# Dispute Resolution Service

## Application form



Use this form if you are making an application to resolve a dispute or issue about a motor accident that occurred on or after 1 December 2017. You may also complete this form online at [www.sira.nsw.gov.au](http://www.sira.nsw.gov.au) or by phoning us on 1800 34 77 88.

- Any attachments will form part of this form
- If you need advice about this form please contact the Dispute Resolution Service (DRS) on 1800 34 77 88 or email [drsenquiries@sira.nsw.gov.au](mailto:drsenquiries@sira.nsw.gov.au)
- You will be asked on the final page to confirm if the details submitted in the application are true and correct. Making a false or misleading claim or statement is punishable by law and could result in prosecution.

When you have lodged this form we will provide a copy to the other party involved in this dispute and give them an opportunity to reply. When we have received their reply, your Dispute Resolution Officer will contact you to advise how the dispute will proceed.

### Our commitment to you

We are committed to the quick, cost-effective and independent resolution of disputes. More complex issues can sometimes take longer to resolve. If a decision is likely to take longer than usual, we will keep you informed of the progress and notify you in a timely manner.

You are able to play an active role in the application. For example, you can do this by:

- providing us with any relevant information about your application, such as details of pre-existing injuries and conditions and any information we may request
- keeping us informed of any relevant changes in circumstances, such as changes to your contact address or phone number
- tracking and monitoring the progress of your application by lodging an online application at [www.sira.nsw.gov.au/disputes-and-complaints/motor-accident-injury-disputes](http://www.sira.nsw.gov.au/disputes-and-complaints/motor-accident-injury-disputes).

### More information

For general information about DRS visit our website at [www.sira.nsw.gov.au/disputes-and-complaints/motor-accident-injury-disputes](http://www.sira.nsw.gov.au/disputes-and-complaints/motor-accident-injury-disputes) and select 'accident happened after 1 December 2017'.

### Lodgement of application

**Please submit your application to:**

Dispute Resolution Services  
Level 19, 1 Oxford Street  
Darlinghurst NSW 2010

or email [drsenquiries@sira.nsw.gov.au](mailto:drsenquiries@sira.nsw.gov.au)

## Section 1: Who is lodging this application?

This application is made by:

Claimant

Claimant's representative

Insurer

Insurer's legal representative

## Section 2: Accident details

Date of accident (DD/MM/YYYY)

Location of accident

## Section 3: Claimant information (details of the person to whom this claim relates)

Title

Surname/family name

Given name

Date of birth (DD/MM/YYYY)

### Claimant contact details

**Street address** (include unit/street/property/lot number if applicable – must not be a PO Box)

Suburb

State

Postcode

Country (if outside Australia)

**Postal address** (if different from street address)

Suburb

State

Postcode

Country (if outside Australia)

Preferred daytime contact number

Mobile number

Does the claimant prefer to communicate via email?  
(If yes, all correspondence from DRS will be via email)

Yes

No

Email

## Claimant personal information

Interpreter required? If yes, what language

Yes No

Disabled access required?

Yes No

Disability details

Is the claimant a person under legal incapacity? (Refer section 11).

Yes (you must complete section 11) No

## Section 4: Claimant's representative and contact authority

### Claimant's representative

Does this claimant have a legal representative? (If yes, provide details below).

Yes No (go to section 5)

Please select the type of representative.

Legal Personal

### Claimant's representative contact details

Firm (Legal representative only)

**DX address** (NSW DX only) (Legal representative only)

Reference (Legal representative only)

Business phone number (Legal representative only)

Claimant's representative name

### Postal address

Suburb

State

Postcode

Email

Phone number

## Contact authority (claimant to complete)

The claimant hereby gives permission for DRS to contact the below named person who has been designated as an authorised contact person for this matter to discuss the claim if necessary.

Contact name

Contact number

Relationship to claimant (eg family, friend, lawyer, guardian)

Does the authorised contact prefer to communicate via email?  
(If yes, all correspondence from DRS will be via email)

Yes

No

Email

## Section 5: Insurer information

Including NSW CTP insurers, interstate insurers, the Nominal Defendant, other corporations or individuals against whom a claim is made.

### Details of CTP insurer or other entity

Name of insurer

Insurer claim number

### Postal address or DX address (NSW DX only)

Suburb

State

Postcode

Is the insurer acting for the Nominal Defendant?

Yes

No

### Details of claims officer or other entity

Title

Name

Business phone number

Email

## Section 6: Insurer or other entity representative details

### Representative details

Does this insurer or other entity have a legal representative? (If yes, provide details below).

Yes                  No

### Representative contact details

Firm

Postal address or DX address (NSW DX only)

Suburb

State

Postcode

Representative name

Reference

Business phone number

Email

## Section 7: Application details

Please tick the box or boxes below which best describe the dispute or issue to be resolved. You can include more than one dispute/issue. If the claimant has had more than one accident, please use separate forms for each accident.

Merit review                  Medical assessment                  Claims assessment                  Unsure

Has the insurer completed an internal review?

Yes                  No                  Unsure

If no, have you requested an internal review?

Yes                  No

What was the date you requested the internal review?

(DD/MM/YYYY)

If yes, provide the date of internal review and the date internal review was received

Date of internal review decision

Date the internal review decision was received

(DD/MM/YYYY)

(DD/MM/YYYY)

### What is the dispute/issue?

Explain what the dispute or issue is and what you think the decision should be. Please include date of decision and decision maker name if known. If you have new information you should explain how it supports your application. If you need more space, please attach your information as a separate document to this form.

## Section 8: Supporting documents

List and attach the documents that you want considered with your application. Please list documents that support your application. If you have not provided any of these documents to the insurer previously, please attach them below:

Please number each document you attach (A1, A2 etc)

Document number	Name of document (eg report from Dr J Smith)	Date	Documents to be supplied by the insurer (Y/N)
A1			
A2			
A3			
A4			
A5			
A6			
A7			
A8			
A9			
A10			
A11			
A12			
A13			
A14			
A15			
A16			
A17			
A18			
A19			
A20			
A21			
A22			
A23			
A24			
A25			
A26			
A27			
A28			
A29			
A30			

If you need more space, please attach your information as a separate document to this form and continue the numbering from this page and attach it to your application.

## Section 9: Claimant privacy and publication of decisions

This form can be used to make an application to resolve a dispute of an insurer's decision in relation to your entitlement or assessment of your claim as a result of a motor accident that occurred on or after 1 December 2017. This form is the approved DRS application form as referred to in clause 7.81 of the Motor Accident Guidelines 2017.

DRS may decline to accept an application if it is made out of time. An application for review must be made within the timeframes as specified in the Motor Accident Guidelines 2017. If you are unsure of the timeframes for the dispute please refer to the Motor Accident Guidelines or call Dispute Resolution Services on 1800 34 77 88.

### Assistance

If you have any questions about completing this form please contact Dispute Resolution Services on 1800 34 77 88.

### Important information about privacy

All personal and health information you provide in this application form will be collected, retained, used and disclosed in accordance with (where relevant) the *Privacy and Personal Information Protection Act 1998* (PIIP ACT) and *Health Records and Information Privacy Act 2002* (HRIP Act), *Commonwealth Privacy Act 1988* (CP Act), the *Motor Accident Injuries Act 2017* (MAI Act) and SIRA's Privacy Management Plan.

Detailed information about the ways that SIRA may collect, use and disclose your information are available at [www.sira.nsw.gov.au/privacy/sira-privacy-docs/sira-privacy-statement](http://www.sira.nsw.gov.au/privacy/sira-privacy-docs/sira-privacy-statement).

Under the MAI Act, SIRA may, despite anything to the contrary in the PIIP Act or the HRIP Act, collect, use and disclose data relating to third party policies, claims, activities and performance of insurers and the provision of health, legal and other services to injured persons.

By completing and submitting this application, you are consenting to and authorising the, collection, use, disclosure and exchange of any personal and health information contained in the application, any supporting documents obtained in the course of processing and managing your application to the Dispute Resolution Service, from, to and between:

- medical assessors, claims assessors and merit reviewers
- any doctor, ambulance service, hospital or other health related service provider
- any personal injury insurer, workers compensation insurer and compulsory third party insurer
- any employer or accountant of the applicant
- Centrelink
- Medicare Australia
- Lifetime Care and Support Authority of NSW
- State Insurance Regulatory Authority (SIRA).

Both SIRA and the insurer may use this information in the course of dealing with your application to the Dispute Resolution Service, and any subsequent applications you may make.

Personal and health information provided by you may be retained, used and disclosed by:

- licensed insurers to manage your claim and determine your entitlements, and
- SIRA as regulator of the CTP scheme under the MAI Act.

Applications to SIRA to access and correct any information about you should be made in writing to: DRS, Level 19, 1 Oxford Street, Darlinghurst, NSW, 2010.

### Publication of decisions

DRS may publish decisions of Merit Reviewers and Claims Assessors, including on the Internet, unless it is not desirable to do so because of the confidential or sensitive nature of the information, or for any other reason. DRS may publish such decisions in full, or in part, or in a de-identified and anonymised format.

You may request that DRS withhold your decision from publication at any time up to 14 days, after the decision is issued.

DRS may withhold from publication all or part of a decision, regardless of whether or not you request that DRS does so, if it is desirable to do so because of the confidential or sensitive nature of the information, or for any other reason.

For more information about the publication of decisions please see the Motor Accident Guidelines 2017 published at [www.sira.nsw.gov.au/disputes-and-complaints/motor-accident-injury-disputes](http://www.sira.nsw.gov.au/disputes-and-complaints/motor-accident-injury-disputes) and select 'accident happened on or after 1 December 2017'.

## Section 10: Declaration

Who is completing this application?

Insurer

Insurer representative

Claimant

Claimant's representative

Please read this declaration carefully before writing your name and signing.

- All information you have provided in this form must be true and correct in every respect.
- Under section 307C of the *Crimes Act 1900*, you can be issued with a fine up to \$22,000 or imprisoned for two years, or both, for knowingly providing false or misleading information in this form.
- The claimant or their legal/personal representative must sign the declaration unless they are under 18 years or are unable to make the declaration. In this case a parent, guardian, relative or friend of the claimant must sign the declaration.

I,

declare that, to the best of my knowledge, the information given by me in this form is true and correct.

I understand that if I knowingly make a false statement on this form that I may be liable for punishment by law.

Signature

Date (DD/MM/YYYY)

This form is approved by the DRS in accordance with clause 7.83 of the Motor Accident Guidelines (Guidelines). DRS may decline to accept an application if the application does not comply. (Clause 7.86 of the Guidelines).

## Section 11: Application to be an appointed representative of a person under legal incapacity

Please complete this section if you are seeking to be appointed as a representative of the respondent who is under legal incapacity.

A claimant who is a person under legal incapacity may not make any application or refer any matter to the Dispute Resolution Service, or carry on proceedings, except by his or her appointed representative in accordance with section 7.47(1) of the MAI Act and clauses 7.100 to 7.109 of the Motor Accident Guidelines.

**Please indicate the legal incapacity of the claimant and provide evidence in support** (eg Birth certificate, Guardianship Order or Financial Management Order):

child under the age of 18 years

an involuntary patient or forensic patient within the meaning of the *Mental Health Act 2007*

a person under guardianship within the meaning of the *Guardianship Act 1987*

a protected person within the meaning of the NSW *Trustee and Guardian Act 2009*

an incommunicative person, being a person who has such a physical or mental disability that he or she is unable to receive communications, or express his or her will, with respect to his or her property or affairs



**Does the claimant already have an appointed representative?**

If you already have been appointed as a representative, an application for appointment does not need to be made however we will require details of the terms of the existing appointment.

Yes (please provide a copy of the terms of the existing appointment)

No, please complete the following:

Name of the person seeking appointment

**Postal address or DX address (NSW DX only)**

Suburb

State

Postcode

Phone number

Relationship to the claimant

Email

**Consent to appointment**

I,  
consent to being appointed as the representative of

and declare that I do not have any interest in the proceedings adverse to the interests of the person under legal incapacity.

Signature

Date (DD/MM/YYYY)