**Request for an Internal Review**

I refer to the above matter and to your correspondence dated [INSERT] received by me on [INSERT] and submit a request for an internal review.

I advise that your assessment concerning the merit review / medical matter or miscellaneous issue is **incorrect** [please delete where necessary]**.**

Accordingly, I request that your decision dated [INSERT] is referred for an internal review.

|  |
| --- |
| In support of my internal review application, I submit that [INSERT reason why the insurer’s assessment is incorrect] |

The *Motor Accidents Guidelines* prescribe that Insurers and those acting on their behalf are to deal with claims in a manner consistent with the principles set out in the objects of *the* [*Motor Accident Injuries Act 2017*](https://www.legislation.nsw.gov.au/%7E/view/act/2017/10/fullhttp:/www.legislation.nsw.gov.au/%7E/view/act/2017/10) *(NSW*) (the “Act”). The general duties and the principles enunciated under [Division 6.2](https://www.legislation.nsw.gov.au/%23/view/act/2017/10/part6/div6.2) of the Act, apply across all claims management aspects for the life of a claim, including instances where the Insurer’s incorrect decision will have an adverse effect on a claimant’s rights.

I note that your decision dated [INSERT] is inconsistent with the insurer’s general duties under the Act and the *Guidelines* to:

4.6.1 Proactively support the claimant to optimise their recovery and return to work or other activities.

4.6.2 Make decisions justly and expeditiously.

4.6.3 Act objectively with honesty and professionalism at all times.

4.6.5 Communicate with the claimant and keep them informed.

I ask that your decision dated [INSERT] be changed and for my [weekly benefits/treatment/care] to be reinstated /increased to [INSERT].

In the event that a resolution of this dispute is not forthcoming, I will have the decision reviewed by the Dispute Resolution Service (DRS). Having regard to the onerous and unnecessary dispute necessitating a referral to DRS combined with the Insurer’s failure to comply with the basics principles and the objects of the Act I will make an application seeking maximum allowable costs having regard to the extenuating circumstances experienced by our client.

I await your decision.