



# Personal Injury Commission (Motor Accidents Division) Reply Form

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Use this form if you are replying to a dispute or issue that has been lodged with the Personal Injury Commission about a motor accident. You may also complete this form online at [www.pi.nsw.gov.au](http://www.pi.nsw.gov.au) or by phoning us on 1800 PIC NSW (1800 742 679).

Please provide your case number.

- Any attachments will form part of this form
- If you need assistance with this form please contact the Personal Injury Commission on 1800 742 679 or email [help@pi.nsw.gov.au](mailto:help@pi.nsw.gov.au)
- You will be asked on the final page to confirm if the details submitted in the reply 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. Your Dispute Officer will then 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 claim, 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

## More information

For general information about the Personal Injury Commission, please visit our website at [www.pi.nsw.gov.au](http://www.pi.nsw.gov.au).

## Lodgment of application

### **Please submit your reply to:**

Personal Injury Commission  
Motor Accidents Division  
Level 19, 1 Oxford Street  
Darlinghurst NSW 2010

or email [help@pi.nsw.gov.au](mailto:help@pi.nsw.gov.au)

## Section 1: Reply

This reply is made by:

Claimant    Claimant's representative    Insurer    Insurer's legal representative

Claimant name

Matter number

## 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)

Is the information provided in section 3 of the application form correct?    Yes (go to section 4)    No (provide correct details)

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?

Yes  No

If yes, what language

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 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 the Personal Injury Commission 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

Is the information provided in section 5 of the application form correct?

Yes (go to section 6)

No (provide correct details)

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 contact

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: Reply to the application

Please provide dispute details or issues needing to be resolved.

If possible attach a copy of the internal review decision to your application and list it in section 8.

## Section 8: Supporting documents

Please list and attach any documents that support your reply that have not already been provided by the applicant in their application.

Document number	Name of document (eg report from Dr J Smith)	Date DD/MM/YY	Documents to be supplied by the insurer (Y/N)	Page number
R1				
R2				
R3				
R4				
R5				
R6				
R7				
R8				
R9				
R10				
R11				
R12				
R13				
R14				
R15				
R16				
R17				
R18				
R19				
R20				
R21				

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: Privacy and publication of decisions

This form can be used when replying to an application to resolve a dispute of an insurer's decision in relation to a dispute or claim lodged concerning a motor accident that occurred on or after 1 December 2017. This form is the approved Personal Injury Commission (Motor Accident Division) Reply Form in accordance with Rules 16 (1) and 17(1)(b) of the Personal Injury Commission Rules 2021 (NSW).

The Personal Injury Commission 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 the Personal Injury Commission on 1800 742 679.

### Assistance

If you have any questions about completing this form, please contact the Personal Injury Commission on 1800 742 679.

## 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).

Detailed information about the ways that the Commission may collect, use and disclose your information are available at [www.pi.nsw.gov.au](http://www.pi.nsw.gov.au).

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 Commission, 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 the Commission and the insurer may use this information in the course of dealing with your application, 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 the Commission to access and correct any information about you should be made in writing to: The Personal Injury Commission, Level 19, 1 Oxford Street, Darlinghurst, NSW, 2010.

## Publication of decisions

The Personal Injury Commission will publish decisions of Merit Reviewers and Claims Assessors, including on the internet. The Personal Injury Commission may publish such decisions in full, or in part, or in a de-identified or redacted format.

For more information about the publication of decisions please see Rule 131 of the Personal Injury Commission Rules 2021.

## Section 10: Declaration

Who is completing this reply?

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 President of the Personal Injury Commission in accordance with Rule 16 of the Personal Injury Commission Rules 2021. The President of the Personal Injury Commission may refuse to accept a reply if the reply does not comply (Rule 17(2) of the Personal Injury Commission Rules 2021).

## 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 person under legal incapacity may not make any application or refer any matter to the Personal Injury Commission, or carry on proceedings, except by his or her appointed representative in accordance with section 7.47(1) of the MAI Act and Procedural Decision MA4.

**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)