

About coverage under the MAC Scheme

If you have been injured in a motor vehicle accident in the Northern Territory, or if you are a resident of the Northern Territory and were injured anywhere in Australia in an accident involving a motor vehicle registered in the Northern Territory, you may be entitled to benefits under the Motor Accidents Compensation (MAC) Scheme. The MAC Scheme is administered by TIO on behalf of the Northern Territory Government and the Motor Accidents Compensation Commission (MACC).

Important information

Please Note: For claims arising from someone's death you will need to complete a Fatality Claim form instead of this form. The Fatality Claim form can be found on the MACC website www.ntmacc.com.au

- For claims to be accepted under the MAC Scheme, the accident needs to have been reported to police. If the accident has not been reported, you will need to provide a valid reason why not.
- The information you provide in this Claim Form must be true, correct, and complete.
- Penalties may apply where false or misleading information is provided.
- If you are an overseas resident and intending on returning overseas, then please make this known to your case manager as this may have implications for your claim.

Time limits apply to claims:

- It is important to submit your claim as soon as possible following a motor vehicle accident to ensure you receive the medical treatment and services necessary to support your recovery.
- All claims need to be submitted to TIO within six months of a motor vehicle accident. Claims received after this time may not be accepted. A claim cannot be accepted if it is lodged later than three years after the accident, unless the claimant was a minor at the time of the accident.
- Where the claim relates to a minor, the claim must be submitted before their 21st birthday.

How to make a personal injury claim

To make a claim for benefits under the MAC Scheme please complete and sign this Claim Form:

- For an injured child under the age of 18, a parent or guardian can complete and sign the Claim Form on their behalf.
- For someone who is severely injured, a friend or relative can complete and sign the Claim Form on their behalf.
- To assist us in processing your claim in a timely manner, please ensure you have completed this Claim Form accurately and in full, and have signed the Authority Declaration section.
- Fill in the Claim Form directly using the fillable text fields and save the PDF, or print out and fill in by hand with a black pen.
- Filling in a Claim Form incorrectly may cause delays in reviewing your claim and determining whether you are entitled to any benefits.
- Use the 'Checklist of supporting documents' at the end to ensure you are providing copies of everything we require (where applicable).
- Retain a copy of the completed Claim Form for your records.

Where to send your Claim Form

Please send the completed Claim Form and copies of all documents required by TIO:

Email: mac@tiofi.com.au

Mail: TIO Motor Accidents Compensation, GPO Box 770, Darwin NT 0801

Where to get support

At TIO, we're here to support you in your recovery:

- If you need assistance with your claim or completing the Claim Form please contact TIO on 1300 493 506.
- Please call TIO if you would like to access the MAC Scheme's free interpreter service.
- Further information on benefits and the claims process can be found at www.ntmacc.com.au

What happens next

After receiving your completed Claim Form, we will contact you within five business days to acknowledge receipt of your claim and provide you with a claim number.

A TIO Case Manager will then assess your claim as quickly as possible and will be in contact with you to discuss the details of your claim and any further information required.

Benefits available

The MAC Scheme provides the following benefits:

Medical	Necessary and reasonable costs for medical consultations, ambulance transportation, hospital admissions and medications.
Loss of Earning Capacity	Compensation when your capacity to earn income from personal exertion is reduced as a result of an injury sustained in a motor vehicle accident.
Permanent Impairment	A lump sum payment for a permanent impairment suffered as a result of an injury sustained in a motor vehicle accident.
Rehabilitation	Treatment and vocational rehabilitation expenses reasonably required for recovery, training and education.
Attendant Care	Compensation for personal and household services that are necessary and reasonable for an injured person.
Aids and Equipment	Includes the necessary and reasonable cost of providing equipment and special facilities required by an injured person.
Emergency Travel	Compensation paid to a close family member as reimbursement of the reasonable travel expenses for a journey of over 500km to be near an injured person.
Fatality Claims	Funeral expenses and financial support for a dependent spouse, child or parent.*

Please note:

In cases of irresponsible road user behaviour such as failing to wear a seatbelt or helmet, driving unregistered or driving under the influence of drugs or alcohol, reductions in benefits may be applied. Total exclusions may apply in some instances.

Claims may not be payable in certain situations, e.g. where you were entitled to workers compensation, or involved in motor sport. Entitlements may be reduced where you are entitled to other insurance.

You can access more information about the MAC Scheme benefits at www.ntmacc.com.au or by asking your Case Manager when they have been appointed.

* To access support from MAC, you will need to complete and submit a Fatality Claim form which can be found at www.ntmacc.com.au If you need any help completing the Fatality Claim form, please call the TIO MAC on 1300 493 506 during business hours 8am-5pm Monday to Friday.

Injured person's details

Title	Given name/s	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of birth	Medicare No.
<input type="text"/> <small>DD / MM / YYYY</small>	<input type="text"/>

Australian citizen or resident	If no, please list your home country
Yes No	<input type="text"/>

Are you of Aboriginal or Torres Strait Islander descent? (Optional)

Yes No

Preferred language used at home

Home address (include unit number if applicable, street number and street name)

Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact details

Phone (including country code)	Email
<input type="text"/>	<input type="text"/>

Accident details

Date of accident	Time of accident	Did the police attend the accident?	If yes, Police Accident Number
<input type="text"/> <small>DD / MM / YYYY</small>	<input type="text"/> : <input type="text"/> AM PM Yes No		<input type="text"/>

Location of accident

Description of accident

Were there any unusual circumstances that you believe contributed to the accident e.g. faulty vehicle, unusual behaviour? If yes, please specify

Were you the

Driver Passenger Rider Motorcycle Passenger Pedestrian Cyclist

Other, please specify

[Empty text box for specifying other roles]

If you were the driver or a passenger, were you wearing a seatbelt at the time of the accident? Yes No Unknown

If you were a motorcycle rider or passenger or cyclist, were you wearing a helmet at the time of the accident? Yes No Unknown

Did you consume any alcohol or drugs at any time during the 12-hour period before the accident? If yes, give details of type and quantity. Yes No Unknown

[Empty text box for alcohol/drug details]

Name of owner of vehicle (if known)

Given name/s

Surname

Vehicle owner's contact information (if known)

Registration number

Registration expiry date / /

DD / MM / YYYY

State of Registration

Registration details of all other vehicles involved

[Empty text box for other vehicle registration details]

Licence details (if you were the driver)

Licence number

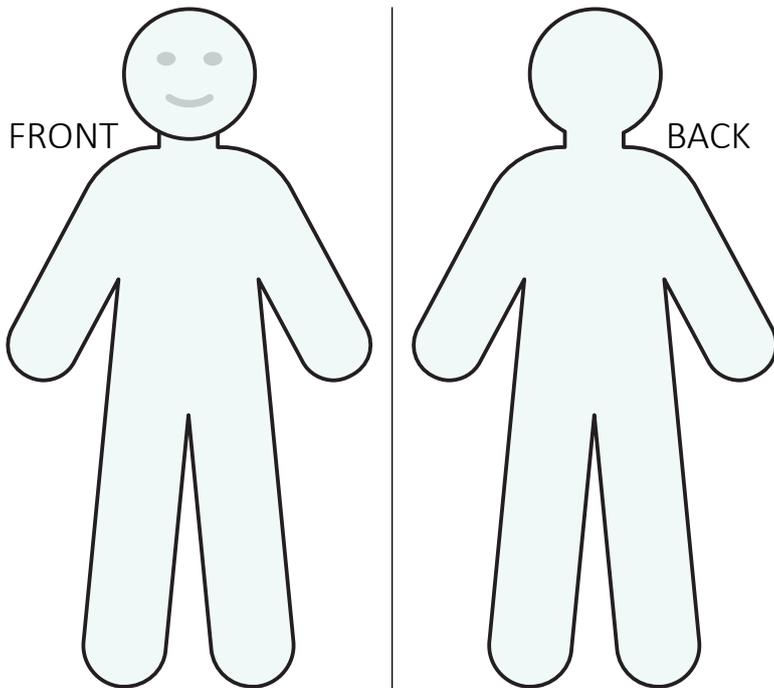
State of issue

Expiry date / /

DD / MM / YYYY

Details of injuries

Indicate with an "✓" on the diagram any part of the body that has been injured



Please provide details of the injuries

[Empty text box for injury details]

Were you transported to hospital by ambulance? Yes No

If you were admitted to or treated in hospital, please provide the hospital's details (name and address of hospital)

Pre and post, existing injuries or conditions

Have you been involved in any other accidents in which you were injured, or had any other injuries (such as a motor accident, sports, work) or illnesses, before or after the accident you are claiming for, to the same part(s) of your body identified in this claim? Yes No

If yes, please provide details below, including approximate date of any other accident, injury or illness, and any treating doctors or specialists:

Are you still receiving treatment for any of these other accidents, injuries or illnesses? Yes No

Are you receiving other compensation?

Are you entitled to benefits under another insurance policy such as income protection, total permanent disability, travel or health insurance at the time of the accident? Yes No Not known

Please note - you may have these entitlements as part of your superannuation policy.

.....
Did this accident occur in the course of your employment? Yes No

.....
Did this accident occur whilst you were travelling to or from work? Yes No

.....
Do you believe you are entitled to workers compensation benefits for this accident? Yes No

.....
Have you, or do you intend to, lodge a workers compensation claim for this accident? Yes No

.....
Were you receiving Centrelink benefits at the time of the accident? Yes No

Direct credit details

By completing this section of the form, you are requesting and authorising TIO to make all payments to you by way of direct credit using the details you have provided in this form. Please ensure you advise TIO of any subsequent changes in your bank account details.

Details of the account to be credited

Financial institution/bank name

Account holder's name

BSB

Account number

Employment details

What was your employment status at the time of the accident? Not employed Employed Self employed Student

If employed, please complete the following

Company name

Contact details (address, phone number)

If self-employed, please complete the following

ABN/ACN

Are you covered by a workers compensation policy or income protection? Yes No

If yes, please provide details

Insurer

Policy number

Check list of supporting documents

To assist us with processing your claim, you will need to provide copies/photocopies of these documents where applicable.

Medical certificate/s (if you are claiming for loss of earning capacity)

Confirmation of employment/work i.e. payslips (if you are claiming for loss of earning capacity)

Any insurance policy you are also claiming on

Driver's license

Authority for release and disclosure of information and declaration

Claimant's title	Claimant's given name/s	Claimant's surname
<input type="text"/>	<input type="text"/>	<input type="text"/>

Claimant's date of birth	Claimant's home address
<input type="text"/>	<input type="text"/>
DD / MM / YYYY	

Date of accident	Suburb	State/Territory
<input type="text"/>	<input type="text"/>	<input type="text"/>
DD / MM / YYYY		

In relation to my claim under the Motor Accidents (Compensation) Act 1979 (NT) (the Act):

- I **authorise and consent** to the Northern Territory Motor Accidents Compensation Commission (Commission) ("MACC"), and Allianz Australia Insurance Limited ABN 15 000 122 850 trading as the Territory Insurance Office and its related entities ("TIO"):
 - collecting any health and related personal information that is relevant to my claim, the injury or motor accident, from me and the Parties listed below; and
 - disclosing and releasing any health and related personal information that is relevant to my claim, the injury or motor accident, including the disclosure and release of such information to each other and/or to one or more of the Parties listed below.
- I **consent** to MACC and TIO, or their appointed service providers, including any person reasonably consulted for making any decision in relation to my claim or treatment, using the information collected in connection with my claim for matters including:
 - Investigating and determining my eligibility for benefits;
 - Obtaining any records, information and reports;
 - Determining and arranging treatment, plans, services or rehabilitation for me;
 - Communicating with relevant Parties as outlined below, for example the NDIA concerning my claim or any benefits I may be entitled to under the National Disability Insurance Scheme;
 - Recovering from third parties any benefits, amounts or entitlements I or the Commission may be entitled to recover under the Act or any other legislation; and
 - For auditing or reinsurance purposes.
- I **authorise** that a signed copy or electronic copy of this Authority be recognised as valid as the original and consent to it being used as evidence of my authority and consent.
- I **declare** that the information in this form is true and correct to the best of my knowledge and belief.

Signature	Name (if not claimant)
<input type="text"/>	<input type="text"/>

Date
<input type="text"/>
DD / MM / YYYY

Click in the box to create and add a digital signature, or select the Fill & Sign option in Adobe Acrobat. Alternatively print, sign by hand and scan.

Select one:

- I am signing as claimant
- I am signing as a parent
- I am signing as legal guardian/ Power of Attorney

Note: In the case of an injured child under 18 years or a person not legally capable of signing this authority their legal guardian can sign on their behalf but they should indicate the capacity in which they sign.

Parties as referred to in 1 and 2 above

- The Police and any emergency service responders
- Witnesses in relation to the Accident, including any person/s attending the scene of the Accident
- Any insurer, including any property loss/damage insurer, any personal injury insurer, third party insurer, superannuation fund scheme offering insurance cover, disability insurer, or workers compensation insurer
- Any medical, hospital or health service providers, including medical practitioners/medical specialists and rehabilitation service providers
- Any previous or current employer
- Any department, agency or instrumentality of the Commonwealth, a Territory or State including the National Disability Insurance Agency (NDIA) or other lifetime care scheme
- Centrelink
- Medicare, the Pharmaceutical Benefit Scheme Australia or private health insurer
- The Australian Taxation Office
- Personal and business accountants and auditors
- Educational Institutions
- Reinsurers
- Any other person or organisation TIO may engage or need to request information from that is relevant to my claim, the injury or the motor accident.

Please note that

- a) TIO act for and manage claims under the Scheme for the Northern Territory Motor Accident Compensation Commission (Commission) under delegation from the Commission.
- b) Under section 12(5) of the Act in order to determine the nature or extent of statutory benefits to which an injured person is entitled, or to determine a treatment plan or rehabilitation program for an injured person, Commission and, therefore, TIO may exercise the following powers:
 - (i) require a medical practitioner, attendant care needs assessor or other person who has examined, assessed or treated the person to provide it with details and results of any such examination, assessment or treatment and any other information prescribed by Regulation. However, before such a requirement is imposed a written authority must be obtained from the injured person (which is irrevocable) to obtain such information. To the extent this Authority covers such authorisation it is irrevocable.
 - (ii) require the injured person to provide it with any other information prescribed by Regulation. The information prescribed by Regulation covers:
 - documents related to the person’s injury or treatment, including medical, hospital, dental or other health records;
 - documents related to the person’s medical history before the accident;
 - taxation records in relation to the person, to the extent they relate to the claim;
 - documents related to the person’s employment both before and after the motor accident; and
 - any other information reasonably related to the claim.