

## About coverage under the MAC Scheme

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If your family member has been fatally injured in a motor vehicle accident in the Northern Territory, or if they were a resident of the Northern Territory and were fatally 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 Motor Accidents Compensation Commission (MACC).

## Important information

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- 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, please now report the accident to the police.
- A coroner's report is needed to determine liability, please include with this Claim Form or supply the contact details for the coroner who made the report.
- 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

- 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 fatality claim

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

- For a 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 in full and have signed the **Authority for release, disclosure of information and declaration** sections.
- 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

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

**Email:** [mac@tiofi.com.au](mailto: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:

- If you need assistance with your claim or completing the Claim Form, please contact TIO on 1300 493 506 during business hours 8am-5pm Monday to Friday.
- 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](http://www.ntmacc.com.au)

## What happens next

After receiving your completed Claim Form, we will contact you within two 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

Compensation and benefits that may be available include:

<b>Funeral expenses</b>	Help towards the cost of the funeral, including burial, cremation and monument following the death of a family member up to a maximum of the cost of the funeral or 5.2 times the average weekly earnings for the Northern Territory (whichever is the lesser amount).
<b>Dependent child benefits</b>	Financial support by way of fortnightly payments until each child reaches the age of 16. If the child is disabled or remains in full-time education and does not marry, fortnightly payments will continue until they are 21 years old. The dependent child benefits are paid each fortnight to the primary caregiver of the child. The fortnightly payments are calculated up to 10% of the average weekly earnings for the Northern Territory.
<b>Emergency travel</b>	Help with the reasonable cost of travel and related expenses, for one or more close family members who may need to travel within Australia following the death of a loved one in a motor vehicle accident for a journey of over 500km. Reimbursement of emergency travel expenses may be claimed for: Travel, accommodation and food, car hire, taxi, fuel, loss of net income, other reasonable and necessary expenses. If the total amount claimed exceeds the maximum benefit, the reimbursement amount will be shared equally between all parties.
<b>Lump sum death benefit</b>	Calculated at 156 times the average weekly earnings for the Northern Territory: <ul style="list-style-type: none"><li>• <b>Surviving spouse or de facto with no dependent children</b> – A lump sum death benefit entitlement may be paid to the surviving spouse or de facto.</li><li>• <b>Surviving spouse or de facto with dependent children</b> – The lump sum death benefit is shared by the surviving spouse or de facto and dependent children. Depending on the number of dependent children, they will each receive a percentage of the total lump sum death benefit. This money will be held by the Public Trustee and become available when the child reaches 18 years of age.</li><li>• <b>Surviving dependent children only</b> – The lump sum death benefit is shared between dependent children and is held by the Public Trustee and becomes available when each child reaches 18 years of age.</li><li>• <b>No surviving spouse, de facto or dependent children</b> – If there is no surviving spouse, de facto or dependent children, a parent who lived with the deceased and was financially dependent upon them, may be entitled to receive the lump sum death benefit.</li></ul>

### 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 the deceased was involved in a motor sport event. 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](http://www.ntmacc.com.au) or by asking your Case Manager when they have been appointed.

## The claimant

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Title      Given name/s      Surname  
           

Date of birth      Relationship to the deceased  
 /  /         
DD / MM / YYYY

Gender    Male    Female    Other

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  
           

Phone (including country code)      Email  
     

Is this claim being lodged more than 6 months after the date of accident?    Yes    No

If yes please detail the reason why the claim was delayed

## The deceased

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Title      Given name/s      Surname  
           

Date of birth      Date of death  
 /  /        /  /   
DD / MM / YYYY      DD / MM / YYYY

Gender    Male    Female    Other

Were they of Aboriginal or Torres Strait Islander descent? (Optional)    Yes    No

Driver's Licence Number

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

Suburb      State/Territory      Postcode  
           

Normal place of residence?  
 NT/ Interstate (Specify)       International (Specify)

## Accident details

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

Is this claim being made more than six months after the date of accident? Yes No

If yes, please provide details as to the delay

Location of accident

Description of accident (including who you consider caused the accident and how the accident occurred)

Journey commenced from

Intended journey destination

Purpose of journey

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

Yes No Not known

If yes, please specify

Was the deceased the: Driver/Passenger/Rider/Motorcycle Passenger/Pedestrian/Cyclist/ Other, please specify

Was the deceased wearing a seatbelt at the time of the accident? Yes No Not known

If riding a motorcycle or bicycle, was the deceased wearing a helmet? Yes No Not known

## Employment details in relation to the accident

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Did the accident occur during the course of employment? Yes No

If yes, has any application been made for a Workers' Compensation type benefit? Yes No

Please detail the deceased's occupation and name of employer

Please detail how the accident related to the deceased's work (if applicable)

## Details of the motor vehicle/s involved

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### Name of owner of vehicle from which fatality arose (if known)

### Vehicle details from which fatality arose (if known)

DD / MM / YYYY

Vehicle occupants' details (Please provide full names and contact details)

### Other vehicles

Were any other vehicles involved in the accident?    Yes            No

If yes, please provide details of those other vehicles, including:

Please provide any personal details for those occupants, if known

### Witnesses

Were there any witnesses to the accident not detailed above?    Yes            No

If yes, please provide personal details, if known



If yes to any of the questions above, please provide the following information about the spouse or de facto

Given name/s

Surname

Date of birth

DD / MM / YYYY

Home address at date of accident (include unit number if applicable, street number and street name)

Suburb

State/Territory

Postcode

Phone (including country code)

Email

**Dependent children**

Did the deceased have any children, or any children to whom they acted as a parent?

Yes

No

If yes, were any of these children wholly or partly dependent on the deceased at the time of the accident?

Yes

No

If yes, please provide the following details for each of these children

**Dependent child 1**

Full name

Date of birth

Relationship to deceased (e.g. birth child, nephew etc.)

DD / MM / YYYY

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

Yes

No

Current home address

Address at time of accident, if different

Was the child living with the deceased? Yes

No

What financial and other support was provided by the deceased?

Name and address of person currently caring for the child

Is the child a full-time student? Yes

No

If yes, give name of school, course and year of study

**Dependent child 2**

Full name

Date of birth

DD / MM / YYYY

Relationship to deceased (e.g. birth child, nephew etc.)

Are they of Aboriginal or Torres Strait Islander descent? (Optional)    Yes    No

Current home address

Address at time of accident, if different

Was the child living with the deceased?    Yes    No

What financial and other support was provided by the deceased?

Name and address of person currently caring for the child

Is the child a full-time student?    Yes    No

If yes, give name of school, course and year of study

**Dependent child 3**

Full name

Date of birth

DD / MM / YYYY

Relationship to deceased (e.g. birth child, nephew etc.)

Are they of Aboriginal or Torres Strait Islander descent? (Optional)    Yes    No

Current home address

Address at time of accident, if different

Was the child living with the deceased?    Yes    No

What financial and other support was provided by the deceased?

Name and address of person currently caring for the child

Is the child a full-time student?    Yes    No

If yes, give name of school, course and year of study

**Dependent child 4**

Full name

Date of birth

DD / MM / YYYY

Relationship to deceased (e.g. birth child, nephew etc.)

Are they of Aboriginal or Torres Strait Islander descent? (Optional)    Yes    No

Current home address

Address at time of accident, if different

Was the child living with the deceased?    Yes    No

What financial and other support was provided by the deceased?

Name and address of person currently caring for the child

Is the child a full-time student?    Yes    No

If yes, give name of school, course and year of study

**If more than 4 dependent children, provide the same details as above for each additional dependent child**

## Dependent parents

### Dependent parent 1

Given name/s

Surname

Are they of Aboriginal or Torres Strait Islander descent? (Optional)    Yes    No

### Dependent parent 2

Given name/s

Surname

Are they of Aboriginal or Torres Strait Islander descent? (Optional)    Yes    No

Were the parent/s residing with the deceased on the day of the accident?    Yes    No

Did the parent/s normally reside with the deceased?    Yes    No

How long had the parent/s lived with the deceased?

How much did the deceased financially contribute to the parent/s annually?

**Please provide supporting documentation such as bank statements or a copy of a lease with this Claim Form.**

## Direct credit details

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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

## Check list of supporting documents

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

- Coroner's report – or contact details for the coroner (if report not yet available)
- Death certificate
- Police report/s
- Marriage certificate
- Documents to support a traditional marriage
- Documents to support a de facto relationship
- Joint bank account statements
- Joint electricity/telephone bills
- Lease agreement/mortgage statements
- Birth certificate/s for all dependent children
- Child support/maintenance agreement/s
- Receipt or accounts for funeral services

**Note:** Failure to provide the relevant documentation may delay the processing of your claim.

## Dependent's statutory declaration

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At the time of death, was the spouse/de facto wholly, mainly or in part dependent on the deceased for economic support? Yes      No

The spouse's/de facto's personal gross weekly income, excluding amounts received from the deceased, was

\$

The deceased's weekly contribution was

\$

At the time of death, was the spouse/de facto wholly/mainly dependent on the deceased for the care of their children? Yes      No

## Authority for release, disclosure of information and declaration

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

Date of accident

  
DD / MM / YYYY

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

1. **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"):
  - (a) collecting any related personal information that is relevant to my claim, the fatality or motor accident, from me and the Parties listed below; and
  - (b) disclosing and releasing any related personal information that is relevant to my claim, the fatality 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:
    - 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 life insurer, third party insurer, superannuation fund scheme offering insurance cover, or workers compensation insurer
    - Any medical, hospital or health service providers, including medical practitioners/medical specialists
    - Any previous or current employer
    - Any department, agency or instrumentality of the Commonwealth, a Territory or State
    - Centrelink
    - Medicare, Pharmaceutical Benefits Scheme (PBS), 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 fatality or the motor accident.
2. **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, using the information collected in connection with my claim for matters including:
  - (a) Investigating and determining my eligibility for benefits;
  - (b) Obtaining any records, information and reports;

(c) 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

(d) For auditing or reinsurance purposes.

3. **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.
4. **I declare** that the information contained in this form is true and correct to the best of my knowledge, belief and understanding. I further understand that it is an offence to make a declaration that is false and that any benefits paid to me as a result of false information provided by me to TIO will be recovered against me.

Signature

Name (if not claimant)

Date

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.

## Authority to Centrelink to release information

Claimant's title

Claimant's given name/s

Claimant's surname

Claimant's date of birth

DD / MM / YYYY

I request access to a copy of the following documents and information from Centrelink Records and authorise Centrelink to forward copies of these documents and information to TIO Motor Accidents Compensation Department.

Detail type and amount of Centrelink payments received

Signature

Name (if not claimant)

Date

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.