



Information for people injured in road crashes

MAC



Government
of South Australia



What is CTP insurance?

All South Australian drivers pay a CTP insurance premium when they register their vehicle. The CTP premium provides drivers and/or owners and passengers of motor vehicles with insurance protection if they are at fault in a road crash (crash) and others are injured.

These CTP insurance premiums go towards paying compensation to people injured in a crash who were not at fault.

Allianz Australia Limited is responsible for managing and processing CTP claims in South Australia on behalf of the Motor Accident Commission (MAC). MAC is the organisation responsible for overseeing South Australia's CTP insurance scheme.

I have been injured in a crash. Can I make a claim?

If you or your child have been injured in a crash where a South Australian registered vehicle was at fault, the South Australian CTP insurance scheme provides compensation to you for your injuries (subject to eligibility criteria being met). The CTP scheme compensates various road user groups including drivers, passengers, motorcyclists, scooter riders, pedestrians and cyclists.

If you were injured as a passenger in a crash that involved only the vehicle you were travelling in (or on in the case of a motorcycle or scooter), then you may be entitled to make a claim if the driver/rider was at fault. That driver or rider may not be entitled to make a claim against the CTP scheme if they were at fault.

The CTP insurance scheme also provides necessary and reasonable treatment, care and support for children under the age of 16 injured in a crash which occurred in South Australia on or after 1 July 2013, regardless of whether they or a South Australian registered motor vehicle was at fault.

If you were seriously injured in a crash which occurred in South Australia on or after 1 July 2014, you may be entitled to necessary and reasonable treatment, care and support under the Lifetime Support Scheme (LSS) regardless of whether you or a South Australian registered motor vehicle was at fault and regardless of your age. Your claim for Lifetime Support Scheme benefits will be dealt with by the Lifetime Support Authority (LSA) and is not part of your CTP Claim.

More information on the LSA can be found on page 02.

To make a claim for compensation, you will need to provide evidence that:

- a) You were injured in a crash (via medical evidence); and
- b) A South Australian registered motor vehicle was at fault (completely or partly) and caused your injuries; OR your child is under the age of 16; OR you think you may be eligible for a LSS claim.

Lifetime Support Scheme

What is the Lifetime Support Scheme?

The Lifetime Support Scheme (LSS) is a no fault accident benefit scheme which provides necessary and reasonable treatment, care and support for people who suffer serious lifelong disabilities in a crash. The Lifetime Support Authority (LSA) administers the LSS.

The LSS applies to crashes that occur in SA from 1 July 2014.

People who sustain serious lifelong injuries in motor vehicle crashes outside of SA may be covered by lifetime schemes in other states and territories.

Who will be eligible for the LSS?

People who receive serious injuries that cause paraplegia or quadriplegia, brain injury, whole limb or multiple amputations, major burns or blindness will qualify for support.

The eligibility and criteria to assess whether an injured person qualifies for support will be determined by the LSA based on the LSS Rules which can be found at www.lifetimesupport.sa.gov.au

What support will be available to participants in the LSS?

A range of supports will be available to maximise the recovery of the injured person and help them achieve and maintain their health and quality of life.

The type of support available could include medical treatment, pharmaceuticals, dental treatment, rehabilitation, ambulance transportation, respite care, personal care and support services, aids and appliances like suitable wheelchairs, hoists and prostheses, educational and vocational training and home, vehicle and workplace modifications.

Where can I get more information about the LSS?

Contact the LSA on 1300 880 849 or email lifetimesupport@sa.gov.au or visit their website at www.lifetimesupport.sa.gov.au

Who is unable to make a claim?

You are unable to make a CTP claim in South Australia if:

- You were not injured in the crash and want to claim for vehicle damage (please contact your car insurance company).
- The vehicle you were driving was the only registered vehicle involved in the crash and no one else was at fault (unless you meet the requirements stated on page 01).
- You were injured in a crash and the vehicle at fault was not registered in South Australia - even if the crash occurred in South Australia (unless you meet the requirements stated on page 01). You may be able to make a claim with the relevant CTP insurance scheme in the State where the vehicle at fault is registered.

Relevant CTP insurance contacts in each state are:

Victoria

Transport Accident Commission

Web: www.tac.vic.gov.au

Phone: 1300 654 329

New South Wales

Motor Accidents Authority

Web: www.maa.nsw.gov.au

Phone: 1300 137 131

Western Australia

Insurance Commission of Western Australia

Web: www.icwa.wa.gov.au

Phone: (08) 9264 3333

Northern Territory

Territory Insurance Office

Web: www.tiofi.com.au

Phone: 1300 301 833

Queensland

Motor Accident Insurance Commission

Web: www.maic.qld.gov.au

Phone: 1300 302 568

Tasmania

Motor Accident Insurance Board

Web: www.maib.tas.gov.au

Phone: 1800 006 224

Australian Capital Territory

The ACT has several CTP insurance providers. For information on the ACT Compulsory Third Party Scheme visit the ACT Department of Treasury website at: www.treasury.act.gov.au/compulsorytpi/index.shtml

Alternatively you can contact the CTP insurance providers below:

AAMI

Web: www.aami.com.au

Phone: 13 22 44

Apia

Web: www.apia.com.au

Phone: 1300 137 260

GIO

Web: www.gio.com.au

Phone: 13 10 10

NRMA Insurance

Web: www.nrma.com.au

Phone: 132 132

What does the compensation pay for?

CTP compensation covers necessary and reasonable hospital, medical and rehabilitation costs. These include the following treatment costs (but are not limited to):

- Medical treatment
- Medications
- Ambulance
- Hospital
- Physiotherapy
- Chiropractic

Please note that not all types of health care, therapy and support services are covered by the CTP scheme. It is best to contact Allianz and discuss your treatment requirements with your claims consultant before undertaking alternative treatments.

Generally, all providers of medical and allied health services must be appropriately qualified for your expenses to be covered by the CTP scheme.

In addition to immediate health care and treatment costs, compensation may also cover the items listed below.

- Loss of earning capacity (past and future), excluding the first week's loss
- Future treatment and care requirements
- An allowance for any pain and suffering experienced by you as a result of your injuries
- Travel expenses to and from treatment
- An allowance for any homecare and personal care services you may require as a result of your injuries (e.g. cleaning and gardening).

These payments are only made for claims in certain circumstances and there are a number of legal requirements, which include satisfying certain thresholds determined by the seriousness of your injury. Please discuss these requirements with your claims consultant once your claim has been lodged.

If you are very seriously injured with lifelong disabilities and another person was a fault you may also be entitled to benefits for necessary and reasonable treatment, care and support under the LSS (see page 02).

How do I make a CTP claim?

If you were injured as a result of a crash, the first step in lodging a claim is to complete an Injury Claim Form and Prescribed Authority.

The Prescribed Authority will enable Allianz to access required information to help process your claim faster. A copy of any information obtained through the Prescribed Authority will be provided to you within 21 days of receipt.

Timeframes also apply when making a claim. You must lodge a claim:

- As soon as practicable if the vehicle that caused the crash is unknown or uninsured
- Within six months in any other circumstance.

If you have not complied with these timeframes please contact Allianz to discuss your circumstances.

If you were a driver of a vehicle involved in a crash, you will also need to report it to the police and to complete an Accident Report Form.

If you have not received these forms already, they are available on MAC's website at www.mac.sa.gov.au/claim or you can have them posted to you by phoning Allianz on 1300 137 331.

If you have been injured in a crash it is advisable to see a doctor as soon as possible.

If you have symptoms that are likely to be long term, you may wish to continue seeing your doctor so:

- Your recovery is optimised;
- We can obtain medical reports about your progress; and
- We can consider the ongoing payment of your treatment accounts.

What information am I required to give as part of the claim process?

The more information you can supply, the easier it will be for Allianz to process your claim.

The information you are required to provide will depend on the compensation you are seeking. As a starting point, you are required to complete an Injury Claim Form and the Prescribed Authority.

Some of the information the Injury Claim Form will ask you to provide includes:

- Proof of identity
- The facts of the crash
- The time and place at which it occurred
- The circumstances of the crash
- The name, date of birth and address of the driver of the motor vehicle at the time of the crash
- The name and address of any person killed or injured in the crash, if known
- The details of any witnesses of the crash, if known
- A medical certificate or opinion as to the nature and probable cause of your injuries
- Proof of income and/or copies of treatment accounts, if relevant.

Note: If you are the owner, person in charge or the driver of a motor vehicle involved in a crash, the law requires you to co-operate fully with Allianz in providing the information required to process any claim. Penalties apply if this is not done (Section 124 *Motor Vehicles Act 1959*).

Who is responsible for paying for my treatment before my claim is finalised?

Although there is no legal requirement to pay for medical expenses as they are incurred, Allianz may consider payment of your treatment expenses prior to your claim being finalised to help optimise your recovery. However, before Allianz can pay for treatment of your injuries, the following conditions must be satisfied:

- An Injury Claim Form has been completed within the required time frame
- The Prescribed Authority has been completed and remains valid

- Fault in the crash has been determined
- The treatment services are necessary and reasonable
- The services are appropriate in frequency and cost.

The needs of every person are different and Allianz will consider each individual case when determining what to pay.

Allianz will not stop you from having any type of treatment, but you should contact Allianz for confirmation as to whether it will pay the associated costs.

Upon approval of payment of your account, a cheque will be sent to the provider. Alternatively, if you have paid for the account up front, you will receive a cheque in reimbursement.

Original accounts and/or receipts should be sent directly to Allianz, but you should also keep a record of all treatment dates and copies of any accounts and receipts.

Should your claim be denied, you are responsible for your expenses. You may be able to claim part or all of your expenses from Medicare or your private health insurer (if applicable).

Information for parents and appointed guardians

Where the injured person is a child (under 18 years of age) or is an adult unable to deal with the legal and other requirements of the claims process, parents or appointed guardians are able to assist on their behalf.

The claims process will remain exactly the same, however Allianz communicates with the parent or appointed guardian instead, or if the claimant is legally represented, with their representative.

A person generally has three years from the date of the crash to commence legal proceedings, unless the injured person does not have the legal capacity to do so.

However, notification of the injured person's claim must be provided to Allianz within the required timeframes (see page 05) by completing the Injury Claim Form and Prescribed Authority.

How does Allianz make decisions about my claim?

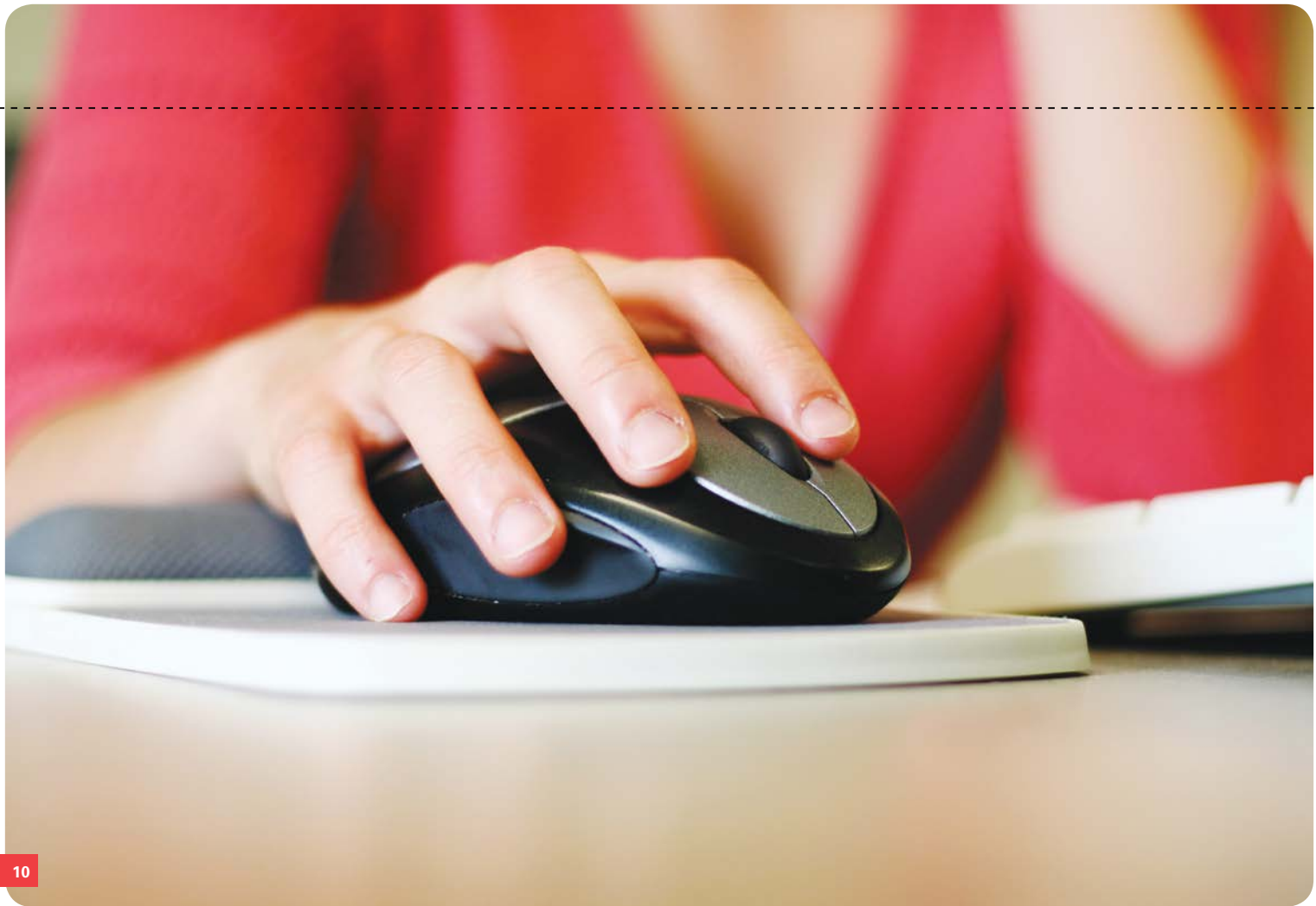
To process your claim, Allianz must investigate liability (who is at fault in the road crash and to what degree) and the amount of compensation to be paid.

In many cases, these investigations can be complex and can therefore take some time. Decisions about liability are based on legislation, court precedents and outcomes.

Allianz may also refer to legislation such as:

- *The Motor Vehicles Act 1959*
- *The Civil Liability Act 1936*





How long will it take to process my claim?

As the circumstances of each claim are often different, it is difficult to provide an exact timeframe for the settlement of your claim. The timeframe will depend on the complexity of your injuries and the circumstances of the crash.

Providing Allianz with detailed and accurate information about the crash, your injuries and medical condition promptly will assist Allianz to process your claim as quickly and efficiently as possible.

Subject to eligibility being met, there are six key steps in processing a CTP claim:

Step 1: Submit an Injury Claim Form and Accident Report Form (if you were a driver of a registered vehicle) to Allianz. Allianz will contact you if further details are required.

Step 2: Allianz issues a claim number and appoints a claims consultant to your case.

Step 3: Allianz claims consultant contacts parties involved in the crash.

Step 4: Allianz will investigate who was at fault in the crash based on, for example, Accident Reports, police reports and other investigations.

Step 5: Allianz collects medical information, pays accounts (pending approval) and monitors your treatment.

Step 6: Once your injury has stabilised, Allianz will proceed to finalise your claim.

Before your claim can be settled it must also be determined if you qualify for any compensation so that Allianz can determine a final amount that is appropriate.

This needs to be confirmed by medical and other evidence about any loss sustained as a result of injuries caused by or arising out of the crash. An offer of settlement will be made either directly to you, or if you are legally represented, to your representative.

If you have questions or concerns about the offer of settlement, they can be discussed with your claims consultant, or if you are legally represented, with your representative. Once settlement has been agreed the appropriate documents will be sent to you for your signature.

Allianz is legally obligated to contact Medicare Australia and other statutory authorities such as Centrelink and advise them of the settlement to be paid. These organisations may require reimbursement of amounts paid to you as a result of the claim. These amounts will be deducted from your settlement payment.

When is compensation reduced?

If you were injured in a crash that was not your fault you should be aware that your compensation may be reduced if you breached the road rules or contributed to the crash and/or your injuries in some way*.

These compensation reductions are set out in the *Civil Liability Act 1936*. These breaches and compensation reductions are as follows:

Breach	FIXED reductions in compensation
Not wearing a seatbelt	25% fixed reduction applies for persons (16 years or above) not wearing a seatbelt as required under the <i>Road Traffic Act 1961</i> .
Not wearing a helmet	25% fixed reduction applies for persons (16 years or above) not wearing a helmet as required under the <i>Road Traffic Act 1961</i> and this contributed to the crash or the extent of their injury.
Not sitting in correct passenger compartments	25% fixed reduction for persons (16 years or above) travelling as a passenger in or on a motor vehicle with a passenger compartment, but not within the compartment (eg: in the back of a van or ute) and this contributed to the crash or the extent of their injury.
Alcohol or drug consumption	<p><i>Passengers</i> (16 years or above) travelling with an at-fault intoxicated driver.</p> <ul style="list-style-type: none">• 25% fixed reduction.• 50% fixed reduction if the driver's BAC was >0.15% or the driver was so much under the influence of intoxicating liquor or a drug to be incapable of exercising effective control of the vehicle. <p>However, the passenger must be aware or ought to be aware that the driver was intoxicated.</p>

Breach

Alcohol or drug consumption

MINIMUM reductions in compensation

Drivers who have contributed to a crash and were intoxicated:

- Minimum 25% reduction.
- Minimum 50% reduction when their BAC is 0.15% or more, or where the driver was so much under the influence of alcohol or drugs to be incapable of exercising effective control of the vehicle.

Pedestrians/Cyclists/Passengers that have contributed to their injuries and were intoxicated – Minimum 25% reduction.

Note:

- More than one reduction may apply (e.g. failure to wear a seatbelt and travelling with an at fault intoxicated driver).
- These reductions are in addition to any other reductions that may be applied for contributory negligence, such as failure to keep a proper lookout or driving at excessive speed.
- * Certain benefits for children under 16 years of age at the time of the crash that occurred in South Australia on or after 1 July 2013 will not be subject to these reductions (see page 01).
- * Certain benefits for people who are seriously injured in a crash that occurred in South Australia on or after 1 July 2014 will not be subject to these reductions. (see Lifetime Support Scheme page 02).

For more information

Claims Manager, Allianz Australia Ltd (Compulsory Third Party Claims)

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Postal Address: GPO Box 2198 Adelaide SA 5001

Email: SACTP_Claims@allianz.com.au **Website:** www.allianz.com.au/sactp

Office Hours: 8:30am to 5:00pm Monday to Friday

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Motor Accident Commission

Office: Level 2, 121 King William Street, Adelaide

Postal Address: GPO Box 2438, Adelaide SA 5001

Phone: 08 8422 8100 **Fax:** 08 8422 8101 **Website:** www.mac.sa.gov.au/claim

The contents of this document are for general information only and not intended to constitute professional advice or be used as a legal document. Its aim is to set out, in simple form, a summary of the Compulsory Third Party Insurance Scheme in South Australia and should not be taken as precise legal interpretations of the law. MAC has taken all reasonable care in the production of this brochure and accepts no responsibility for any loss, expense or liability which you may incur from using or relying on the contents.

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