

Application for Benefits under the Motor Accidents (Compensation) Act



Fatal Accident Application

Losing a family member in a motor vehicle accident is a traumatic and difficult experience.

The Motor Accidents (Compensation) ("MAC") Act can provide a range of compensation including Lump Sum Death benefits, financial support for dependents and funeral benefits in the case of a motor accident fatality.

This application form seeks details that will be used to assess your entitlement to benefits. This claim form should be used if you are claiming death benefits as a result of a fatal accident.

Who can make a claim?

If your family member is fatally injured as a result of a motor vehicle accident in the Northern Territory, or in a Northern Territory registered motor vehicle anywhere in Australia, you may be entitled to benefits under the MAC Act. The MAC compensation scheme is administered by TIO on behalf of the NT Government.

Benefits

Compensation and benefits that may be available include:

Funeral expense – the reasonable cost of funeral expenses up to a maximum of 10% of the annual Average Weekly Earnings for all employees' in the Northern Territory.

Surviving spouse and dependent child(ren) – A surviving spouse or defacto partner may be entitled to receive a lump sum payment, which will be reduced if there are dependent children.

Dependent Children's Benefit – The surviving primary carer of any dependant child(ren) may be entitled to payment of an ongoing weekly benefit for the continued care of the child(ren).

Dependent children – If the deceased had dependant children, each child is to receive 5% (to a maximum of 25%) of the total lump sum compensation payable. If there is only one child, the child will receive 10%.

If there is no surviving spouse, the dependent children will receive the total of the benefit divided equally.

Dependent Parents – If there is no surviving spouse or dependent children, dependent parents may be entitled to a benefit. The parents must have been living with the deceased at the time of the accident and have been financially dependent upon the deceased.

Emergency travel – compensation paid to a close family member as reimbursement of the reasonable travel expenses for a journey of over 500km to make arrangements for their funeral.

How do I make a claim?

To make a claim for MAC benefits please complete this form and submit it to TIO. In the case of a child under 18, a parent or guardian can complete the form. Where someone is severely injured, a friend or relative can complete this application on their behalf and submit to TIO.

A free interpreter service is available to assist with the claims process. If you know someone who requires assistance call TIO on 1300 493 506 to organise an interpreter to help.

Time limits

All claims need to be submitted to TIO within six months of an 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. If the application relates to a child they have three years from the age of 18 to apply for benefits.

On completion

If you do not complete all the relevant sections of the application form it may delay the assessment of your MAC claim.

If you are having difficulties completing the application please contact TIO on 1300 493 506 for assistance.

To assist with processing your claim, have you

Completed the relevant sections of the claim form?

YES

NO

Enclosed any of the following supporting documents (if applicable):

Marriage certificate

Lease agreement/mortgage statements

Documents to support a traditional marriage

Birth certificate(s) for all dependent children

Documents to support a defacto relationship

Child support/maintenance agreement(s)

Joint bank account statements

Receipt or accounts for funeral services

Joint electricity/telephone bills

Signed the "Authority to Release Information"

Once you have completed all sections in the application form please retain this page for your records and forward the completed form to us in one of the following ways:

Email: mac@tiofi.com.au

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

What happens next?

After receiving your completed form, TIO will contact you within five business days to acknowledge receipt of your claim and provide you with a claim number. A TIO Claims Officer 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. If the behaviour of the driver, rider or passenger contributed to the cause of the accident or the severity of injuries, their eligibility for benefits under the MAC Act may be reduced or excluded.

For further information

Call 1300 493 506 or visit tiofi.com.au

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1. The Applicant

(PLEASE PRINT NEATLY USING CAPITAL LETTERS)

PLEASE NEATLY MARK BOXES WITH AN **X**, FOR EXAMPLE

Please complete the name of the person who is requesting benefits. This is the person who we will contact to provide information on the progress of the claim and to seek additional information if required.

TITLE	MS	MRS	MISS	MR	DR	PROF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GIVEN NAMES			MIDDLE NAME			
<input type="text"/>			<input type="text"/>			
SURNAME			DATE OF BIRTH (DD/MM/YYYY)			
<input type="text"/>			<input type="text"/> / <input type="text"/> / <input type="text"/>			
POSTAL ADDRESS						
<input type="text"/>						
CITY			STATE/TERRITORY		POSTCODE	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
RESIDENTIAL ADDRESS (IF DIFFERENT FROM ABOVE)						
<input type="text"/>						
CITY			STATE/TERRITORY		POSTCODE	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
RELATIONSHIP TO THE DECEASED						
<input type="text"/>						
HOME PHONE		WORK PHONE		FAX		
<input type="text"/>		<input type="text"/>		<input type="text"/>		
MOBILE			EMAIL			
<input type="text"/>			<input type="text"/>			

2. The Deceased

(PLEASE PRINT NEATLY USING CAPITAL LETTERS)

Please complete all of the following details about the person who was fatally injured in the motor vehicle accident.

TITLE	MS	MRS	MISS	MR	DR	PROF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GIVEN NAMES			MIDDLE NAME			
<input type="text"/>			<input type="text"/>			
SURNAME			DATE OF BIRTH (DD/MM/YYYY)		DRIVERS LICENCE NUMBER	
<input type="text"/>			<input type="text"/> / <input type="text"/> / <input type="text"/>		<input type="text"/>	
POSTAL ADDRESS						
<input type="text"/>						
CITY			STATE/TERRITORY		POSTCODE	
<input type="text"/>			<input type="text"/>		<input type="text"/>	
NORMAL PLACE OF RESIDENCE?		<input type="checkbox"/> NT	YRS <input type="text"/> MTHS <input type="text"/>			
		<input type="checkbox"/> INTERSTATE	SPECIFY STATE OR TERRITORY <input type="text"/>			
		<input type="checkbox"/> INTERNATIONAL	SPECIFY <input type="text"/>			

3. Details of the Accident

(PLEASE PRINT NEATLY USING CAPITAL LETTERS)

Please complete all of the information about the details of the accident.

DATE OF ACCIDENT (DD/MM/YYYY)

/ /

DAY OF THE WEEK

TIME(HH:MM)

:

AM PM

WAS THE DECEASED: DRIVER PASSENGER RIDER PILLION PEDESTRIAN CYCLIST

WAS THE DECEASED WEARING A SAFETY RESTRAINT AT THE TIME OF THE ACCIDENT? NOT KNOWN YES NO

IF RIDING A MOTOR CYCLE OR BICYCLE, WAS THE DECEASED WEARING A HELMET? NOT KNOWN YES NO

LOCATION AND DESCRIPTION OF THE ACCIDENT

PURPOSE OF JOURNEY: _____

LOCATION OF ACCIDENT: _____

DESCRIPTION OF ACCIDENT: _____

CAUSE OF ACCIDENT: _____

REGISTRATION DETAILS OF ALL VEHICLES: _____

DECEASED'S OCCUPATION AND NAME OF EMPLOYER?

DID THE ACCIDENT OCCUR DURING THE COURSE OF THE DECEASED'S EMPLOYMENT? YES NO

IF YES, HAS ANY APPLICATION BEEN MADE FOR A WORKERS' COMPENSATION TYPE BENEFIT? YES NO

PLEASE DETAIL HOW THE ACCIDENT RELATED TO THE DECEASED'S WORK?

4. Details of the Motor Vehicle(s) Involved

(PLEASE PRINT NEATLY USING CAPITAL LETTERS)

Please complete all information about the vehicles involved.

MOTOR VEHICLE FROM WHICH THE FATALITY AROSE

REGISTRATION NUMBER STATE OF REGISTRATION

MAKE OF VEHICLE MODEL OF VEHICLE

NAME OF DRIVER

ADDRESS OF DRIVER

CITY STATE/TERRITORY POSTCODE

DETAILS OF OTHER VEHICLES INVOLVED IN THE ACCIDENT (IF APPLICABLE)

REGISTRATION NUMBER STATE OF REGISTRATION

MAKE OF VEHICLE MODEL OF VEHICLE

NAME OF DRIVER

ADDRESS OF DRIVER

CITY STATE/TERRITORY POSTCODE

Please use a separate sheet if more than one driver was involved.

5. Funeral Expenses

(PLEASE PRINT NEATLY USING CAPITAL LETTERS)

NAME AND ADDRESS OF THE FUNERAL SERVICE PROVIDER

WHAT IS THE TOTAL AMOUNT OF THE FUNERAL EXPENSES? \$.

HAVE THESE EXPENSES ALREADY BEEN PAID?

YES

NO

HAVE YOU ATTACHED A COPY OF THE FUNERAL INVOICE OR RECEIPT?

YES

NO

6. The Spouse, Dependent Children & Dependent Parents (PLEASE PRINT NEATLY USING CAPITAL LETTERS)

PLEASE NEATLY MARK BOXES WITH AN **X**, FOR EXAMPLE

If the deceased had no spouse, no dependent children and no dependent parents, please go straight to question 8

A) THE SPOUSE

Documentary evidence of the relationship may be required to assess any claim. This evidence can be in the form of a marriage certificate, copies of bank statements showing joint account status, lease agreements and the like.

AT THE TIME OF THE ACCIDENT WAS THE DECEASED:

LEGALLY MARRIED AND LIVING WITH THEIR SPOUSE ON A BONE FIDE DOMESTIC BASIS?

YES

NO

LEGALLY MARRIED BUT NOT LIVING WITH THEIR SPOUSE, BUT WHERE THE SPOUSE WAS DEPENDENT ON THE DECEASED? If so, please provide details.

YES

NO

NOT LEGALLY MARRIED BUT LIVING WITH THEIR DE FACTO ON BONE FIDE DOMESTIC BASIS FOR MORE THAN TWO YEARS?

YES

NO

NOT LEGALLY MARRIED BUT LIVING WITH THEIR DE FACTO ON BONE FIDE DOMESTIC RELATIONSHIP FOR LESS THAN TWO YEARS, WHERE THE DE FACTO WAS DEPENDENT ON THE DECEASED?

YES

NO

AN ABORIGINAL PERSON AND MARRIED TO A PERSON OR PERSONS ACCORDING TO CUSTOMARY LAW?

YES

NO

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

GIVEN NAMES

MIDDLE NAME

SURNAME

DATE OF BIRTH (DD/MM/YYYY)

 / /

RESIDENTIAL ADDRESS AT THE DATE OF THE ACCIDENT

CITY

STATE/TERRITORY

POSTCODE

HOME PHONE

WORK PHONE

FAX

MOBILE

EMAIL

B) 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.

	Child 1	Child 2
Full name		
Date of birth	/ /	/ /
Relationship to deceased (eg. birth child, nephew)		
Current address	_____	_____
Address at time of the accident (if different)		
Was the child living with the deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
What financial and other support was provided by the deceased?		
Who is currently caring for the child? (please provide name & address)		
Is the child a full time student? (if yes, please give details of name of school, course & year of study)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
	Child 3	Child 4
Full name		
Date of birth	/ /	/ /
Relationship to deceased (eg. birth child, nephew)		
Current address	_____	_____
Address at time of accident (if different)		
Was the child living with the deceased?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
What financial and other support was provided by the deceased?		
Who is currently caring for the child? (Please provide name & address)		
is the child a full time student? (if yes, please give details of name of school, course & year of study)	<input type="checkbox"/> YES <input type="checkbox"/> NO _____	<input type="checkbox"/> YES <input type="checkbox"/> NO _____

If insufficient room please enclose a separate sheet.

C) Dependent Parents (Only complete this section if the deceased did not have a surviving spouse or dependent children.)

Dependent Parent's Surname(s)	Dependent Parent's First Name(s)

WERE THE PARENTS RESIDING WITH THE DECEASED ON THE DAY OF THE ACCIDENT? YES NO

DID THE PARENTS NORMALLY RESIDE WITH THE DECEASED? YES NO

HOW LONG HAD THE PARENTS LIVED WITH THE DECEASED? YRS MTHS

WHO OWNED OR LEASED THE RESIDENCE?

HOW MUCH DID THE DECEASED FINANCIALLY CONTRIBUTE TO THE PARENT(S)? \$

PLEASE PROVIDE SUPPORTING DOCUMENTATION SUCH AS BANK STATEMENTS OR A COPY OF A LEASE.

7. Direct Credit Details (PLEASE PRINT NEATLY USING CAPITAL LETTERS)

BY COMPLETING THIS SECTION OF THE FORM YOU ARE REQUESTING AND AUTHORISING TIO TO MAKE ALL PAYMENTS TO YOU BY WAY OF DIRECT CREDIT TO THE BELOW ACCOUNT.

DETAILS OF ACCOUNT TO BE CREDITED:

FINANCIAL INSTITUTION / BANK

ACCOUNT HOLDER'S NAME

ACCOUNT NUMBER BSB NUMBER

8. Declaration (PLEASE PRINT NEATLY USING CAPITAL LETTERS)

I DECLARE THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, BELIEF AND UNDERSTANDING. I FURTHER UNDERSTAND THAT BENEFITS PAID TO ME AS A RESULT OF FALSE INFORMATION PROVIDED BY ME TO TIO WILL BE RECOVERED AGAINST ME.

APPLICANT'S SIGNATURE DATE / /

NAME, ADDRESS, SIGNATURE AND RELATIONSHIP OF PERSON SIGNING ON BEHALF OF A MINOR OR A PERSON WHO IS UNABLE TO SIGN THE APPLICATION FORM DUE TO THEIR INJURIES:

NAME

RELATIONSHIP TO CLAIMANT

ADDRESS OF PERSON SIGNING THIS FORM

SIGNATURE DATE / /

9. Authority to release

(PLEASE PRINT NEATLY USING CAPITAL LETTERS)

In relation to death of my

which occurred on / /

I,

of DOB / /

authorise Territory Insurance Office (TIO) to contact and obtain information or documents that are required for the purposes of assessing my entitlement to benefits pursuant to the *Motor Accidents (Compensation) Act*.

I acknowledge that the information collected in accordance with this authority (either through provision of the original or a copy) may be released in whole or part by TIO for the purpose of assessment of the claim as deemed appropriate by TIO.

I also acknowledge that it is usual practice to regularly collect personal information from the parties detailed below during the life of the claim to enable assessment of any new or continuing entitlement. I understand that TIO will only advise me if it has used my authority to collect information from parties other than those detailed below.

Parties From Whom Information is Regularly Collected for Assessment of the Claim

- Police.
- Any insurer carrying on the business of providing insurance against loss of income through disability including CTP insurance, workers' compensation and personal accident or illness.
- Any Department, Agency or Instrumentality of the Commonwealth, the Territory or State.
- Any private institute, agency or instrumentality.
- Any Hospital or Medical Centre.
- Any Doctor, professional provider of rehabilitation services or persons professionally qualified to assess cognitive, functional or vocational capacity.
- Any Ambulance Service.
- An employer or previous employer.
- Australian Taxation Office

Applicant / /

10. Authority to Release information to Centrelink

(PLEASE PRINT NEATLY USING CAPITAL LETTERS)

This authorisation includes the release of information from Centrelink that may relate to my claim for compensation under the *Motor Accidents (Compensation) Act*.

I, request access to a copy of the following documents, and information, from

Centrelink Records:

- Type and amount of Centrelink payments received

I authorise Centrelink to forward copies of these documents and information to TIO Motor Accidents Compensation Department

My personal particulars are:

Name DOB / /

Centrelink Customer Reference Number

Applicant / /