

Liability determination

When you lodge a Compulsory Third Party (CTP) claim for injuries from a motor vehicle accident, the insurer handling your claim will need to determine who caused the accident.

If you are injured and were not the at-fault driver, you should lodge a claim with their insurer. Once you have lodged your claim, the insurer allocates a claims consultant who will be your contact person managing your claim.

The claims consultant will be in touch with you to discuss the process. They will talk with you about your reasonable and necessary treatment required. Your treatment may commence before liability has been determined.

Determining liability

Your insurer will gather and review the information required to ensure liability determinations are:

- made in a timely fashion
- made in accordance with relevant law
- based on sound evidence to support the decision, for example police reports and witness statements.

When the liability decision is made, your insurer must:

- notify you or your legal representative promptly in writing
- confirm if liability is partially or fully accepted, or denied

- inform you if any reductions apply to your claim, for example due to the effects of drugs or alcohol
- provide the reasons for the decision.

It can take some time, sometimes several months, to determine who was at fault in the accident, and to what degree. In many cases these investigations can be complex. For example, a police investigation or coronial inquiry may be required.

What if I don't agree with the insurer's decision?

If you don't agree with the insurer's determination on liability, you should discuss your concerns as soon as possible with your claims consultant. If you are not satisfied with their response, you should ask to have your complaint referred to the state manager of your insurer.

Internal dispute resolution

If you still disagree with the decision, the next step is to go through the insurer's internal dispute resolution (IDR) process. Your insurer can provide you with information on this.

Conciliation

If you are still not satisfied with a decision, you can ask your insurer to organise a conciliation meeting. This is where an

independent person is appointed to review the decision.

If you ask your insurer to conciliate the dispute within 30 days of the determination being made, the insurer must:

- agree to conciliate the dispute with a conciliator if you are not legally represented.
- must arrange this within 30 days of your request and cover the costs of the conciliation conference.

If you are legally represented, the insurer may, but is not obliged to, agree to conciliation with a conciliator.

You can find out more about liability determinations in [Regulator Rule 7.8](#), and the complaint and dispute resolution and conciliation processes in [Regulator Rules 19.1 to 20.2](#). These are available on our website. You can also find out more in our [“Complaints and disputes” fact sheet](#).