

South Australia Compulsory Third Party (CTP) Insurance

Motor Accident Fatality Claim Form

Important information

Give as much detail as you can when completing this form. Providing detailed, accurate information about the accident helps in the quick and efficient processing of your claim.

Use page 12 of this form if you need to include more information or attach additional page(s).

Complete and submit this form **within six months** of the accident, or as soon as reasonably practicable if the at-fault vehicle was unable to be identified or was unregistered at the time of the accident.

What you need to complete this form

You need to know the number plate of the at-fault vehicle to find out which CTP Insurer will manage your claim. You can use the **EzyReg CTP Insurer** search function (enter this term into your web browser to find it) and enter the accident date and vehicle's plate number. You can call the CTP Regulator on **1300 303 508** for help with this.

If the at-fault vehicle is unknown or unregistered as at the accident date, send your form to the CTP Regulator. It will allocate the form to a CTP Insurer and advise you which CTP Insurer will manage your claim.

Help completing this form

Contact the CTP Insurer of the at-fault vehicle for help. Visit the CTP Regulator's website **www.ctp.sa.gov.au** for insurer details, and information about the fatality claims process.

After completing this form

Send it to the CTP Insurer of the at-fault vehicle. They will give you a claim number, allocate a claims consultant to your claim and send you a confirmation letter.

Interpreter help

If you need an interpreter please telephone the Interpreting and Translating Centre on 1800 280 203 and ask to be connected to the CTP Regulator on 1300 303 558, 9:00am to 5:00pm Monday to Friday, excluding public holidays.



What you need to do to complete this form

Completing this form will be easier if you follow the below points in the order they are listed.



- Attach proof of your identity e.g. a copy of your driver's licence, birth certificate or passport – **page 3**
- Attach death certificate if available – **page 3**
- Attach breath, drug and blood alcohol analysis documents if relevant and where available – **page 4**
- Attach copies of invoices or receipts you may already have – **page 7**
- Attach proof of income of the deceased if relevant – **page 7**
- Attach proof of income of dependants if relevant – **pages 8-11**
- Make a copy of the completed form and attachments for your records.
- Send to the CTP Insurer of the at-fault vehicle as soon as possible.

Personal

1. Is another person assisting you to complete this form? Yes If yes, please give details No

Name of person who is providing assistance

Reason person making the claim needs assistance

Details of person making the claim

2. Mr Ms Mrs Miss Other If other, please give title

Family name

Given name(s)

Have you been known by another name (e.g. maiden name, alias)?

Yes If yes, please give details No

Family name

Given name(s)

3. Date of birth

4. Gender Male Female Another term (please specify)

5. Are you of Aboriginal or Torres Strait Islander origin? Yes No Prefer not to say

6. Relationship to deceased

Please provide proof of your identity e.g. a copy of your driver's licence, birth certificate or passport

7. Home address

Postcode

Postal address (if different from home address)

Postcode

8. Best contact phone number

9. Best contact email

10. What is your country of birth?

11. Would you like an interpreter to help you with your claim?

Yes If yes, language No

This will inform the CTP Insurer how to discuss your claim with you effectively

Details of deceased

12. Mr Ms Mrs Miss Other If other, please give title

Family name

Given name(s)

Has the deceased been known by another name? Yes If yes, give details No

Family name

Given name(s)

13. Gender Male Female Another term (please specify)

14. Aboriginal or Torres Strait Islander origin?

Yes No Prefer not to say

15. Date of birth

16. Country of birth

17. Address

Postcode

18. Date of death

19. Death certificate number

(Please attach a copy of death certificate if available)

Accident

20. Date of accident

21. Time of accident

22. Place of accident (e.g. street, suburb, intersection)

23. Were you present when the accident happened?

Yes Please complete this page and the next with as much information as you have available No Please go to question 40.

24. Road surface at the place of accident Sealed Unsealed
Road conditions at the place of accident Wet Dry

25. Traffic conditions
Heavy Medium Light

26. Traffic controls nearest the place of accident
Stop sign Give way sign Traffic light Roundabout None

27. Weather conditions
Fine Rain Fog

28. How many motor vehicles were involved in the accident?

29. Are there any video or photographs of the accident scene or vehicle damage? Yes If yes, please give to the insurer
No Unknown

30. Did the deceased have any drugs, including prescription drugs, alcohol or illicit drugs, in the 12 hours before the accident?
Yes If yes, please give details No Unknown

33. Did they have a blood sample taken?
Yes If yes, please provide results and attach a copy if available
No Unknown

31. Did they have a breathalyser test conducted?
Yes If yes, please provide results and attach a copy if available
No Unknown

34. If they were a passenger in or on a vehicle, had the driver or rider had any drugs, including prescription drugs, alcohol or illicit drugs, in the 12 hours before the accident?

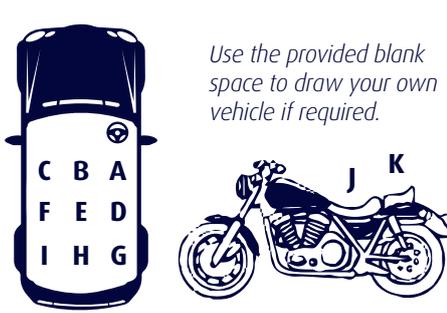
Yes If yes, please give details No Unknown
Not applicable

32. Did they have a drug test conducted? Yes If yes, please provide results and attach a copy if available No Unknown

35. What was their role in the accident?
Driver/rider Passenger/pillion Cyclist Pedestrian
Other If other, please give details

36. If they required the use of a seatbelt or helmet, were they properly adjusted and fastened? Yes No Unknown

37. Only if the deceased was in or on a vehicle, mark their seating position on the diagram with an X, and mark other people with an O.



Use the provided blank space to draw your own vehicle if required.

Please continue on page 12 or attach additional page(s) if required.

38. Describe how the accident happened, who caused it, why they are at fault and details of vehicle damage.

Lined area for describing the accident details.

39. Draw a picture of the accident scene, including where the point of impact was. If the deceased was in a vehicle mark it by circling it. Number the vehicles as shown in the example. Vehicle 1 should be the vehicle considered most responsible for causing the accident.

Grid area for drawing the accident scene, including an example diagram.

Example diagram

The diagram shows a T-junction where East Road meets South Road. A vehicle labeled '2' is positioned at the intersection on South Road, with a downward arrow indicating its direction. Another vehicle is shown on East Road, moving towards the intersection from the right. An arrow points to the location where the two vehicles meet, labeled 'Point of impact'.

Please continue on page 12 or attach additional page(s) if required.

Vehicle

40. At-fault vehicle

(considered most responsible for causing the accident)

Plate number

State

If you do not know the plate number of the at-fault vehicle, give as much detail as you can.

Make and model of vehicle (e.g. Toyota Corolla)

Year of manufacture

Body type (e.g. Sedan)

Colour

Driver family name

Driver given name(s)

Driver home address

Postcode

Best contact phone number for driver

Email

Other vehicle

(please give details of any other vehicles involved in the accident on page 12 or attach additional page(s) if required)

Plate number

State

Make and model of vehicle (e.g. Toyota Corolla)

Year of manufacture

Body type (e.g. Sedan)

Colour

Driver family name

Driver given name(s)

Driver home address

Postcode

Best contact phone number for driver

Email

41. Which vehicle was the deceased travelling in or on?

At-fault vehicle Other vehicle (please give plate number) They were not travelling in or on a vehicle

Witness

42. Did anyone witness the accident? Yes If yes, please give details No Unknown

Witness 1

Family name

Given name(s)

Home address

Postcode

Best contact phone number

Email

Witness 2

Family name

Given name(s)

Home address

Postcode

Best contact phone number

Email

Police report

43. Was the accident reported to the police? Yes No Unknown

Vehicle collision report number (if known)

Please continue on page 12 or attach additional page(s) if required.

Claim and dependency

Funeral details

44. Are you claiming funeral costs?

Yes If yes, please provide funeral cost details (e.g. fees for funeral director, crematorium, cemetery, coffin, hearse) No

Funeral cost

\$

Please attach a receipt

Dependency

A dependency claim may be made by a person who relied on (or was dependant upon) the income and/or services of the deceased person.

45. Are you making a claim for yourself and/or any other dependants? Yes No If no, please go to page 13

46. How are you and/or any other dependants dependent upon the deceased?

Financial support Business losses Domestic services Please provide details

Employment and income of deceased

47. What was the deceased's employment status at the time of the accident? *If a student and working part-time, select "employed"*

Employed Self-employed Home duties Not employed Other If other, please give details

If not employed, please go to question 50

48. Usual weekly earnings (including overtime, regular bonuses and commission)

Working hours

Overtime

Gross (before tax) pay

Net (after tax) pay

49. Deceased's occupation

Name of business or employer

Business address

Postcode

Contact person

Contact person details (e.g. phone number and/or email)

50. Did the deceased receive any type of benefit or other compensation? Yes If yes, please indicate below No

Centrelink (type of benefit)

Private/employer funded income protection (name of insurer)

Workers compensation (name of insurer)

Other (details)

Please continue on page 12 or attach additional page(s) if required.

Dependant spouse / partner

If this person is also the person making the claim, please write 'Refer page 3' and go to question 56

51. Mr Ms Mrs Miss Other If other, please give title

Family name

Given name(s)

Have you been known by another name (e.g. maiden name, alias)?

Yes If yes, please give details No

Family name

Given name(s)

52. Gender Male Female Another term (please specify)

53. Date of birth

54. Aboriginal or Torres Strait Islander origin? Yes No Prefer not to say

55. Home address

Postcode

Postal address (if different to the above)

Postcode

56. Best contact phone number

Email

57. Relationship Married Domestic partner

If married, date of marriage

Place of marriage

If domestic partner, date commenced living together

58. Current employment status

Employed Self-employed Home duties Not employed Other If other, please give details

If not employed, please go to question 59

59. Occupation

Name of business or employer

Usual weekly earnings (including overtime, regular bonuses & commission)

Gross (before tax) pay

Net (after tax) pay

60. Is there any other source of income Yes If yes, please provide details (e.g. Centrelink) No

Please attach proof of income

Please continue on page 12 or attach additional page(s) if required.

Dependant 1

(If relevant, please give details of dependant who is not a spouse/partner)

61. Relationship to deceased

62. Mr Ms Mrs Miss Other If other, please give title

Family name Given name(s)

Known by another name (e.g. maiden name, alias)? Yes If yes, please give details No

Family name Given name(s)

63. Gender Male Female Another term (please specify) 64. Date of birth

65. Aboriginal or Torres Strait Islander origin? Yes No Prefer not to say

66. Home address Postcode

Postal address (if different to the above) Postcode

67. Best contact phone number Email

68. Current employment status

Employed Self-employed Home duties Not employed Other If other, please give details

If not employed, please go to question 68

69. Occupation Name of business or employer

Usual weekly earnings (including overtime, regular bonuses & commission) Gross (before tax) pay Net (after tax) pay

70. Is there any other source of income Yes If yes, please provide details (e.g. Centrelink) No

Please attach proof of income

Please continue on page 12 or attach additional page(s) if required.

Dependant 2

(If relevant, please give details of dependant who is not a spouse/partner)

71. Relationship to deceased

72. Mr Ms Mrs Miss Other If other, please give title

Family name Given name(s)

Known by another name (e.g. maiden name, alias)? Yes If yes, please give details No

Family name Given name(s)

73. Gender Male Female Another term (please specify) 74. Date of birth

75. Aboriginal or Torres Strait Islander origin? Yes No Prefer not to say

76. Home address Postcode

Postal address (if different to the above) Postcode

77. Best contact phone number Email

78. Current employment status

Employed Self-employed Home duties Not employed Other If other, please give details

If not employed, please go to question 77

79. Occupation Name of business or employer

Usual weekly earnings (including overtime, regular bonuses & commission) Gross (before tax) pay Net (after tax) pay

80. Is there any other source of income Yes If yes, please provide details (e.g. Centrelink) No

Please attach proof of income

Please continue on page 12 or attach additional page(s) if required.

Dependant 3

(If relevant, please give details of dependant who is not a spouse/partner)

81. Relationship to deceased

82. Mr Ms Mrs Miss Other If other, please give title

Family name Given name(s)

Known by another name (e.g. maiden name, alias)? Yes If yes, please give details No
Family name Given name(s)

83. Gender Male Female Another term (please specify) 84. Date of birth

85. Aboriginal or Torres Strait Islander origin? Yes No Prefer not to say

86. Home address Postcode

Postal address (if different to the above) Postcode

87. Best contact phone number Email

88. Current employment status
Employed Self-employed Home duties Not employed Other If other, please give details
If not employed, please go to question 86

89. Occupation Name of business or employer

Usual weekly earnings (including overtime, regular bonuses & commission) Gross (before tax) pay Net (after tax) pay
\$ \$

90. Is there any other source of income Yes If yes, please provide details (e.g. Centrelink) No

Please attach proof of income

Please continue on page 12 or attach additional page(s) if required.

Your privacy

If you make a CTP claim, the law requires you must sign the statement below that gives authority to the CTP Insurer managing your claim to collect information relevant to processing and assessing your claim.

The CTP Insurer is required to take reasonable steps to inform you when and why they are using this authority, and they must provide you with a copy of the collected information within 21 days of receipt.

Your personal information may be disclosed between the CTP Insurer, the CTP Regulator, the Nominal Defendant, other state and commonwealth government agencies (such as Lifetime Support Authority, the National Disability Insurance

Agency, Centrelink and Medicare), third parties involved in the assessment of your claim (including those described in the statement below), and as otherwise authorised or required by law.

By lodging this form, you consent to your personal information being collected and handled for the purposes above, in accordance with the *Motor Vehicles Act 1959 (SA)*, the *Compulsory Third Party Insurance Regulation Act 2016 (SA)*, this privacy statement and as otherwise authorised or required by law. Your consent also covers the collection of personal information (including sensitive information) from you, from the third parties described in the statement below, and as otherwise required or authorised by law.

Statement giving authority to obtain information

The person making the claim should complete the authority unless they are under 18 years of age or unable to sign the authority. In this case a parent, guardian or Power of Attorney of the person making the claim should complete the authority.

By completing this authority to obtain information you are giving the CTP Insurer managing your claim permission to obtain documentary information relevant to processing and assessing your claim.

You can seek advice, at your own expense, before signing this authority.

Claimant full name

Claimant date of birth

Claimant relationship to deceased

authorises the CTP Insurer managing the claim to obtain documentary information relevant to the claim for damages or other

compensation in relation to the death of (specify):

on or about (date):

from the following people/organisations:

(a) insurers that provide:

- (i) compulsory third party insurance
- (ii) private health insurance
- (iii) motor vehicle insurance
- (iv) workers compensation insurance

(b) health practitioners

(c) hospitals

(d) ambulance or other emergency services

(e) professional providers of rehabilitation services or persons professionally qualified to assess cognitive, functional or vocational capacity

(f) educational institutions

(g) claimant's employer or previous employer

(h) departments, agencies or instrumentalities of the Commonwealth, the State or another State, administering laws about health, police, transport, taxation or social welfare

(i) Lifetime Support Authority of South Australia

(j) ReturnToWorkSA

I approve a copy of this authority, including an electronic copy, can be treated as the original.

This authority is valid for the duration of the claim. CTP Insurer access to information under this authority is subject to requirements detailed in Regulator Rules.

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

Signature

Date

Name (if not claimant)

Declaration

The person making the claim should complete the declaration unless they are under 18 years of age or unable to make the declaration. In this case a parent, guardian or Power of Attorney of the person making the claim should complete the declaration.

Please read the declaration carefully before signing. Under Section 124(6a) of the Motor Vehicles Act 1959, you can be fined up to \$50,000 or be imprisoned for up to one year for knowingly providing false or misleading information.

I (full name)

Best contact phone number

Email

declare that, to the best of my knowledge, the information given in this claim form is true and correct in every respect.

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

Signature

Date

Nominate an authorised contact

The person making the claim should complete this section if they decide to nominate an authorised contact to communicate on their behalf with the CTP Insurer managing their claim.

As this nomination will extend to discussing relevant private matters, and supplying and receiving verbal and written information, it is important to nominate an appropriate person.

I agree to the CTP Insurer managing my claim to communicate directly with my authorised contact. This nomination will remain in force until withdrawn by me in writing.

Authorised contact details

Mr Ms Mrs Miss Other If other, please give title

Family name

Given name(s)

Postal address

Postcode

Best contact phone number

Email

I am nominating a:

- Parent (if the person making the claim is under 18)
- Legal guardian/Power of Attorney
- 'Adult responsible' (guardian, relative, spouse, domestic partner or an adult friend with a close and continuing relationship with the person making the claim who has an impairment)

Signature

Date

What happens next?

Once the CTP Insurer receives your claim form they will issue a claim number.

You will be allocated a claims consultant who will manage your claim. They will call you (and other people involved in the accident) and send you a confirmation letter.

Information about key stages of the claims process, including fact sheets about fatal motor vehicle collisions, lodging your claim, determining liability and settling your claim, is available from the CTP Insurer or the CTP Regulator's website www.ctp.sa.gov.au.

