

**Application for Extension of Time to apply to ACAT**

***Motor Accident Injuries Act 2019* (MAI Act)**

ACAT FILE NUMBER: (ACAT use only)

MAI

# Interpreter

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you or your representative need an interpreter?  | YES | NO |  |  |
|  |  |  |  |  |
| If yes, what language and dialect? |  |  |  |  |

## **INFORMATION about how to complete this form**

Under the *Motor Accident Injuries Act 2019* (MAI Act) there is a time limit for applying to ACAT for review of an insurer’s decision (section 193 and 194 MAI Act) and for review of a significant occupational impact (SOI) report (section 215(2) MAI Act).

ACAT will not accept an application to review an insurer’s decision or review an SOI report if the time limit has already ended **unless** you have applied for and ACAT has made an order to extend the time. You can apply by completing and lodging an ***Application for Extension of Time*** ***to apply to ACAT*** form (available at [**www.acat.act.gov.au**](http://www.acat.act.gov.au)).

When you lodge an ***Application for Extension of Time to apply******to ACAT***you will must**attach** a completed ***Application for Review of insurer’s decision***form *or* ***Application to review SOI report***(available at [**www.acat.act.gov.au**](http://www.acat.act.gov.au)).

* If the information you provide in the ***Application for Review of insurer’s decision***formor***Application to review SOI report***form is the same as the information you would provide in this ***Application for Extension of Time*** form, write ‘see attached application form’.
* ACAT may refer to the information you provide in both forms when considering your application for an extension of time.
* ACAT will provide the other party (the insurer/respondent) with your ***Application for Extension of Time*** form and any information or documents that you lodge with it.

# Why are you applying for an extension of time? (PLEASE TICK ONE)

I am applying for an order to extend the time to lodge the following application in ACAT:

***Application for Review of insurer’s decision***(section 193 MAI Act*)*

***Application to Review SOI (Significant Occupational Impact) report***(section 215 MAI Act).

# what is your role in this application? (please tick one)

The applicant in person (the injured person or a dependant of a person who died);

A Litigation Guardianmaking the application on behalf of a person who has a legal disability – a Litigation Guardian must lodge an ***Affidavit for person to act as Litigation Guardian*** and ***Consent and Undertaking by a person to act as Litigation Guardian*** form with this application. Go to our website at [**www.acat.act.gov.au**](http://www.acat.act.gov.au).

Personal representative of a person who died as a result of a motor accident

An insurer of a motor vehicle involved in a motor accident

# applicant detailS

**What is your full name?** (if applying for a person with a disability or a deceased person, provide their name in the next question)

Surname/insurer’s name:

Given Names:

If insurer, ACN:

Name of the person with a disability or deceasd person you are making this application for? (if you are a Litigation Guardian or personal representative applying for another person)

Surname:

Given Names:

A Litigation Guardian must **attach** a completed ***Affidavit for person to act as Litigation Guardian*** **and** ***Consent and Undertaking by a person to act as Litigation Guardian***.

If you are applying as personal representative of a person who died as a resuilt of a motor accident – briefly describe how you are authorised to make this application and **attach** relevant documents:

# applicant contact details

Postal address:

Street:

Suburb:

State:

Postcode:

Email address:

Preferred phone number:

Alternate phone number:

# APPLICANT’S REPRESENTATIVE DETAILS

(A representative who is not a lawyer must be authorised by a ***Power of Attorney***or an ***Authority to Act for a Corporation*** that is completed and **attached***.*)

Surname:

Given Names:

Details of **attached** authorising document (if required):

***Power of Attorney*** Dated:

***Authority to Act for a Corporation*** Dated:

Other - Name of document: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated:

# APPLICANT’S REPRESENTATIVE contact DETAILS

Postal address:

Street:

Suburb:

State:

Postcode:

Email address:

Preferred phone number:

Alternate phone number:

# RESPONDENT DETAILS

Surname/insurer’s name:

Given Names:

If insurer, ACN:

Respondent’s postal address:

Street:

Suburb:

State:

Postcode:

Respondent’s email address:

Preferred phone number:

Alternate phone number:

# WHY ARE YOU APPLYING FOR AN EXTENSION OF TIME?

Briefly explain:

1. why you did not apply to ACAT within the time limit; and
2. why ACAT should extend the time for you to make the *Application for Review of insurer’s decision* or *Application to review SOI Report* (**attach** page if insufficient space):

# signature BY APPLICANT OR REPRESENTATIVE

(A representative who is not a lawyer must be authorised by a ***Power of Attorney***or an ***Authority to Act for a Corporation*** that is completed and **attached.)**

Signature of applicant or applicant’s representative:

Name of applicant or applicant’s representative:

Date:

# CHECKLIST FOR Lodgment of an Application for Extension of Time

I have **attached** a completed ***Application for Review of insurer’s decision***or ***Application for review of SOI Report*** form

I have correctly filled out the ***Application for Extension of Time to apply to ACAT*** form including:

* applicant’s name and, if relevant, the name of the applicant’s *Litigation Guardian* or personal representative of deceased
* applicant’s representative’s name
* full contact details including email address of applicant and, if relevant, applicant’s representative
* referring where applicable to information in the **attached** ***Application for Review of insurer’s decision***or ***Application for review of SOI Report*** form.

The ***Application for Review of insurer’s decision*** form is signed and dated by:

* the applicant, the applicant’s *Litigation Guardian* or the personal representative of the deceased; or
* the applicant’s Authorised Representative on the applicant’s behalf.

I have **attached** (if applicable):

* an ***Affidavit for person to act as Litigation Guardian***; and
* a ***Consent and Undertaking by a person to act as Litigation Guardian*** (both forms available at [**www.acat.act.gov.au**](http://www.acat.act.gov.au)); or
* a document or information relating to applying as personal representative of a deceased person.

I have **attached**, if applicable, a completed ***Power of Attorney*** or ***Authority to Act for a Corporation*** form (available at [**www.acat.act.gov.au**](http://www.acat.act.gov.au)). The authority must make clear whether the representative’s authority is limited to the application for extension of time or is broader.