# **Summary of reviewable decisions**

*Current as at 1 February 2020*

The following is a list of some of the decisions that are reviewable by ACAT under the *Motor Accident Injuries Act 2019*. You will need to check any correspondence that you receive from the insurer carefully as there may be other decisions that ACAT can review.

| **Insurer’sdecision:****(see *Motor Accident Injuries Act 2019* – *Schedule 1 Part 1.2* or Regulations for more details)** | **Section of** ***MAI Act*** |
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| to refuse to accept a late application for defined benefits because the applicant does not have a full and satisfactory explanation  | s 59(2) |
| to reject liability for defined benefits  | s 65(1) |
| to reject liability for defined benefits because the applicant is not an injured person, a dependant of a person who die as a result of the motor accident or a person who paid (or is liable to pay) funeral expenses of a person who died as a result of a motor accident (section 55(1))  | s 65(1) |
| to reject liability for defined benefits because the person making the application is not a guardian of a person with a legal disability or is not the personal representative of a person who died as a result of a motor accident (section 55(2)) | s 65(1) |
| to reject liability for death benefits or funeral benefits because the death was not the result of a motor accident  | s 65(1)  |
| to not pay defined benefits because of an act of terrorism where no notice given by Motor Accident Injuries Commission (section 49*)* | s 66(1)  |
| to not pay income replacement, quality of life or death benefits because the injury to or death of the person was self-inflicted (section 46) | s 66(1)  |
| to not pay treatment and care expenses because not reasonable and necessary and/or injury not related to motor accident and/or injured person has not paid and is not liable to pay for treatment and care (sections 112, 120, 129 and 131) | s 66(1) |
| to not pay domestic services expenses because not reasonable and necessary and/or injured person did not provide domestic services before injury and/or dependants able to undertake domestic services (section 112, 114, 120, 129 and 131) | ss 66(1) |
| to not pay travel expenses because travel and accommodation not reasonable and necessary and/or travel not undertaken for treatment and care (section 112, 115 129 and 131) | s 66(1) |
| to not pay income replacement or quality of life benefits because injured person was responsible for, or the at-fault driver of, uninsured vehicle and circumstances in section 43(2) or 43(3) do not apply | s 66(1) |
| to not pay death benefits because coroner finds elements of serious offence or two or more driving offences (sections 41, 48(7) and 171) | s 66(1) |
| to not pay income replacement benefits because injured person is not entitled (section 89) | s 66(1) |
| to not pay funeral benefits because of act of terrorism, or funeral for foreign national who died outside Australia or amount paid by workers compensation (sections 49, 178, 179 and 180) | s 66(1)  |
| about the amount of income replacement benefits in the first or second payment period (section 96 or 97) | s 96 or s 97 |
| about the injured person’s post injury earning capacity (section 100) | s 100(1)  |
| to refuse to make earlier payment of income replacement benefits to injured person who makes a late application for defined benefits because insurer not satisfied that there are exceptional circumstances justifying earlier payment (sections 101(3)(b)(ii), 101(4)(b)(ii) or 101(5)(b)(ii)) | s 101 |
| to suspend defined benefits payments because injured person failed without reasonable excuse to comply with reasonable request to undergo medical or other examination to assess their fitness for work (section 105(2)  | s 105(2)  |
| to reduce or stop paying income replacement benefits because person is no longer entitled to the amount of or the payment of the benefits (section 107(1)(b)) | s 107(1)(b) |
| to request injured person attend health practitioner for assessment of treatment and care needs (section 121(1)) | s 121(1)  |
| to suspend payment of treatment and care or income replacement benefits because injured person failed without reasonable excuse to comply with reasonable request to attend health practitioner (section 121(3)) | s 121(3) |
| to refuse to approve treatment and care not mentioned in the injured person’s recovery plan because insurer not satisfied treatment and care is reasonable and necessary and will assist with injured person’s recovery or injury management (section 126(2)) | s 126(2)  |
| to not pay treatment and care expenses earlier than 13 weeks before the late application because insurer not satisfied there are exceptional circumstances justifying earlier payment (section 128(2)(a)(i)(B)) | s 128(2) |
| the amount of the injured person’s final offer WPI (section 160(2))  | s 160(2)  |
| to not pay periodic payment of treatment and care and income replacement benefits to an Australian living overseas because injured person does not intend to live overseas permanently or for extended period (section 183(2)) | s 183(2) |
| to not pay periodic payment of treatment and care and income replacement benefits to an Australian living overseas because injured person has not lived outside Australia for at least eligibility period (section 183(2)) | s 183(2)  |
| to calculate the lump sum amount for foreign national as less than $10,000 (section 184(4)) | s 184(4)  |