

**Application for Review of insurer’s decision**

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

# Interpreter

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

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

# Who can Apply?

1. **Use this form to apply to ACAT to review an insurer’s decision under the *Motor Accident Injuries Act 2019* (MAI Act).**
2. **Do not use this form to apply for a Death Benefits payment order. Only an insurer can apply to ACAT (section 176(2) MAI Act). The insurer must use the *Application for to ACAT Payment of Death Benefits* form*.***
3. **Do not use this form if you are applying to ACAT for review of a Significant Occupational Impact report (section 215 MAI Act*)*. Use the *Application to review SOI report* form.**
4. **Do not use this form if you are applying to ACAT to determine the future treatment payment (section 224 MAI Act). Use the *Application to determine Future Treatment Payment* form.**

# LATE APPLICATION – MAKING AN APPLICATION FOR extension of TIME TO APPLY TO ACAT

There is a time limit on when you can apply to ACAT to review an insurer’s decision (sections 193 and 194 MAI Act). To find out the time limit see our website **www.acat.act.gov.au**.

ACAT will not accept an application to review an insurer’s decision 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)).

# RELEVANT section of THE *Motor Accident Injuries Act 2019*

This application must be about an insurer’s decision under the MAI Actthat ACAT can review. Not all decisions by insurers can be reviewed by ACAT. See the MAI Act(section 192) and our website [[**www.acat.act.gov.au**](http://www.acat.act.gov.au)](http://www.acat.act.gov.au/) for further information.

The insurer should refer to the relevant section of the MAI Actin a notice or document the insurer has sent to you about its decision. You need to **attach** that notice or document to this application form. Further details that you will need to provide in this form about the insurer and the insurer’s decision should also be referred to by the insurer in the information that the insurer has sent to you about its decision.

# APPLICATION FEE

Before ACAT can progress your application, you must pay the relevant application fee (unless ACAT has waived the application fee or you are exempt). To find out the current fee or how you can apply for a fee waiver or exemption see our website at [**www.acat.act.gov.au**](http://www.acat.act.gov.au).

# who are the parties to this APPLICATION?

‘**Applicant’** – the person or insurer making this application to ACAT.

‘**Respondent’** – each insurer or person who is another party to this ACAT application.

# Details of APPLICAnt / guardian / personal representative of deceased person

In ‘APPLICANT DETAILS’ you need to provide details of –

1. the person making the application or the person the application is about – the injured person, deceased person or dependant;
2. the guardian (called the ‘*Litigation Guardian’* in ACAT) – if the applicant is a person with a disability (including a child). **Attach** an ***Affidavit for person to act as Litigation Guardian*** **and** ***Consent and Undertaking by a person to act as Litigation Guardian*** (available at [**www.acat.act.gov.au**](http://www.acat.act.gov.au));
3. the personal representative – if the application is made on behalf of or about a person who died as a result of a motor accident;
4. the insurer – if an insurer is making the application.

# applicant’S representative DETAILS

A lawyer or an authorised non-lawyer can represent the applicant in ACAT. If the representative **is not a lawyer** then an authorising document – either a ***Power of Attorney*** or an ***Authority to Act for a Corporation*** (available at[**www.acat.act.gov.au**](http://www.acat.act.gov.au))***–* must be lodged with ACAT.**

ACAT will not allow a person to represent the applicant in ACAT until ‘APPLICANT’S REPRESENTATIVE DETAILS’ is completed and the authorising document is provided.

# APPLICANT & rEPRESENTATIVE CONTACT DETAILS

The **Postal Address** and **Email** you provide in ‘APPLICANT CONTACT DETAILS’ or in ‘APPLICANT’S REPRESENTATIVE CONTACT DETAILS’ will be used by ACAT and the other parties to provide notices and documents about this matter to you or your representative.

Please also provide a current telephone number so that ACAT can contact you.

If the contact details of the applicant or their representative change, or if the representative is no longer authorised, the applicant **must immediately** notify ACAT. The applicant must also lodge a ***Notice of* *New Contact or Representation Details*** and give a copy to each other party.

**Application for Review of insurer’s decision**

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

MAI

ACAT FILE NUMBER: (ACAT use only)

# Is this a late application?

Yes – you must complete and lodge ***Application for Extension of Time to apply***form (available at **[www.acat.act.gov.au](http://www.acat.act.gov.au)**)

No

# What section of THE *Motor Accident Injuries Act 2019* does the insurer’s decision and this application relate to?

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

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

A Litigation Guardian making 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**.

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:

Given names:

Name of the person with a disability or deceased 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 result 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:

# DETAILS OF INSURER’S DECISION THAT this APPLICATION RELATES TO:

Date of insurer’s decision:

Date you received the insurer’s decision or correspondence:

Which of the following applies in relation to the insurer’s decision you want ACAT to review? (tick one):

I have **attached** the internal review notice and the insurer’s decision.

The insurer has not sent me an internal review notice. I have **attached** a copy of the correspondence sent to the insurer asking the insurer to make/review the insurer’s decision and the insurer’s response (if any).

The insurer has **not** sent me an internal review notice and I have **not** sent correspondence to the insurer asking the insurer to review the insurer’s decision.

You may not be able to apply to ACAT until after the insurer has undertaken an internal review of the insurer’s decision. Check the correspondence the insurer has sent you about the decision because you may not be able to apply to ACAT at this stage.

# Insurer CONTACT DETAILS

What is the insurer’s name?

What is the insurer’s ACN?

What is the name of the person who made the decision? (if known)

Surname:

Given names:

Insurer’s postal address:

Street:

Suburb:

State:

Postcode:

Insurer’s email address:

Insurer’s phone number:

Allternate phone number (if any):

# rEASON/S FOR APPLYING TO ACAT ABOUT THE INSURER’S DECISION

Briefly describe the question/s of law or fact in the insurer’s decision that you want ACAT to review (**attach** page if insufficient space):

What order/s do you want ACAT to make (**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 review of insurer’s decision

I have correctly filled out the ***Application for Review of insurer’s decision*** 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
* the section of the *Motor Accident Injuries Act 2019* that is relevant to the insurer’s decision that this application to ACAT relates to
* the date and details of the insurer’s decision that this application to ACAT relates to
* the reason/s for applying to ACAT for review of the insurer’s decision
* the order/s that the applicant wants ACAT to make.

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** a copy of the insurer’s decision, and notice and/or correspondence relevant to this application to ACAT and the orders ACAT is asked to make.

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)).

Correct lodgment fee is ready to be provided with this application. ACAT accepts cash, bank cheque and credit card payments over the counter, and bank cheque or credit card payment via post. Credit card payments are accepted via post using the ***Credit Card Payment Authorisation*** form (available at [**www.acat.act.gov.au**](http://www.acat.act.gov.au)). For information on fees payable for MAI applications see our website at [**www.acat.act.gov.au**](http://www.acat.act.gov.au).

If you are not eligible for an exemption and believe that the payment of fees will cause you hardship you can apply for a fee waiver or an exemption. You will need to complete and give to the ACAT registry a ***Request About Payment of Fees*** form. For information on fee waiver or exemptions see our website at [**www.acat.act.gov.au**](http://www.acat.act.gov.au).