

**Application to review SOI report *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 for review of a Significant Occupational Impact (SOI) report under the *Motor Accident Injuries Act 2019* (ACT) (MAI Act) if you are an injured person, or if you are making an application on behalf of an injured person.**
2. **Do not use this form to apply for a review of a decision made by an insurer (section 193 MAI Act). Use the *Application for Review of insurer’s decision* form.**
3. **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 Payment of Death Benefits* 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 a SOI report (section 215 MAI Act). To find out the time limit see our website **[www.acat.act.gov.au](http://www.acat.act.gov.au)**.

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

# 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, please visit [**www.acat.act.gov.au**](http://www.acat.act.gov.au).

# WHO ARE THE PARTIES TO THIS APPLICATION?

**‘Applicant’** – the injured person who has received a notice and SOI report from the insurer (section 214 of the MAI Act).

**‘Respondent’** – the insurer.

*Note***:**The Independent Medical Examiner provider (IME provider) that arranged the SOI assessment is not a party to this application but the IME provider is required to give to ACAT information about the SOI assessment.

# Details of APPLICAnt / guardian

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

1. the injured person; and, if applicable
2. the guardian (called the ‘*Litigation Guardian’* in ACAT). An ***Affidavit for person to act as Litigation Guardian*** and ***Consent and Undertaking by a person to act as Litigation Guardian*** must be attachedto an application made on behalf of a person with a legal disability (including a child).

# APPLICANT 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 – a ***Power of Attorney*** (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 party 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 to review SOI Report**

***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

# HAVE YOU RECEIVED A NOTICE FROM THE INSURER?

Yes. I have **attached** a copy of**:**

* the notice from the insurer; **and**
* the SOI report.

Date notice was received:

No. An application to ACAT to review a SOI report can only be made after you receive a notice from the insurer.

# Details of SOI REPORT

Date of the SOI report:

Name of IME provider that arranged the SOI assessment and report:

If the IME provider is a company, ACN:

Postal address of IME provider:

Street:

Suburb:

State:

Postcode:

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

The applicant in person (the person injured)

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*** with this application. Go to our website at **www.acat.act.gov.au**.

# APPLICANT DETAILS

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

Surname:

Given Names:

Name of the person with a disability you are making this application for? (if you are a Litigation Guardian 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***.

# 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***that is completed and **attached.**)

Surname:

Given Names:

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

*Power of Attorney*  Dated:

# Applicant’s REPRESENTATIVE contact DETAILS

Postal address:

Street:

Suburb:

State:

Postcode:

Email address:

Preferred phone number:

Alternate phone number:

# Insurer DETAILS

What is the insurer’s name?

What is the insurer’s ACN?

Insurer’s postal address:

Street:

Suburb:

State:

Postcode:

Insurer’s email address:

Insurer’s phone number:

Alternate phone number (if any):

# why are you applying to ACAT TO REVIEW THE SOI REPORT?

Why do you say ACAT should review the 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***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 TO review soi report

I have correctly filled out the ***Application to review SOI Report*** formincluding:

* applicant’s name and contact details including email address
* details of insurer’s notice and the SOI report that the application to ACAT relates to
* IME provider’s name and contact details
* insurer’s name and contact details including email address
* the reason/s for applying for review of the SOI report.

The ***Application to review SOI Report*** form is signed and dated by:

* the applicant; or
* the applicant’s *Litigation Guardian*; or
* the applicant’s Authorised Representative on the applicant’s behalf.

I have **attached** a copy of the insurer’s notice.

I have **attached** a copy of the SOI report.

I have **attached**, if applicable, 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)).

I have **attached**, if applicable, a completed ***Power of Attorney*** 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).