



LIPTAK
LAWYERS

Motor Accident Commission (MAC)

FATALITY CLAIM FORM

Instructions

Please complete and return the attached form to Liptak Lawyers

1. Email: info@liptak-lawyer.com.au
2. Mail: 262 Melbourne Street, North Adelaide SA 5006

Personal details

Office Use: Claim Number

Person completing the form

1 Mr Ms Mrs Miss Other

Surname

Given names

Have you been known by another name? Yes No

If yes, surname

Given names

2 Male Female

3 Date of birth / /

Country of birth

4 Language spoken at home

5 Do you require an interpreter? Yes No

6 Home address

Postcode

Postal address (if different to the above)

Postcode

7 Home phone no ()

Work phone no ()

Mobile no

Email

8 Relationship to deceased

Please provide proof of your identity (eg. drivers licence, passport or other identification).

Details of deceased

9 Mr Ms Mrs Miss Other

Surname

Given names

Has the deceased been known by another name? Yes No

If yes, surname

Given names

10 Male Female

11 Date of birth / /

Country of birth

12 Home address

Postcode

13 Occupation

14 Date of death / /

15 Death certificate number

Please attach a copy of the death certificate.

Accident details

Please complete as much information as you have available.

16 Was the deceased a Driver/Rider Cyclist
 Passenger/Pillion Pedestrian

17 Date of accident / / Time of accident am/pm

Weather

Road conditions

Place of accident

Suburb Postcode

18 How many vehicles were involved in the accident?

If the deceased was a cyclist or pedestrian, please go to Question 20

First vehicle

19 Details of vehicle the deceased was travelling in.
Mr Ms Mrs Miss Other

Driver Surname

Given names

Driver phone no ()

Driver address

Postcode

Registration no

State of registration

Year (e.g. 1990)

Make and model (e.g. Mazda 6)

Body type (e.g. Sedan)

Colour

Second vehicle

20 Details of other vehicles involved in the accident.
Mr Ms Mrs Miss Other

Driver Surname

Given names

Driver phone no ()

Driver address

Postcode

Registration no

State of registration

Year (e.g. 1990)

Make and model (e.g. Mazda 6)

Body type (e.g. Sedan)

Colour

Please continue on Page 11 if there are more than 2 vehicles involved.

Witness(es) details

21 Were there any witness(es) Yes No Unknown

If yes, please give details below

If no, please go to Question 22

Witness 1

Mr Ms Mrs Miss Other

Witness Surname

Given names

Witness phone no ()

Witness mobile

Witness address

Postcode

Witness 2

Mr Ms Mrs Miss Other

Witness Surname

Given names

Witness phone no ()

Witness mobile

Witness address

Postcode

Police report

22 Did the Police come to the scene of the accident? Yes No Unknown

Was the accident reported to the Police? Yes No

Police Report no

Police station

23 Is Police action going to be taken? Yes No Unknown

If yes, name of person charged

Offence committed

Circumstances of the accident







24 Description of the accident. *(Describe how the accident happened and include a reference to road conditions, speed, traffic lights, road signs, peak hour etc and details of vehicle damage).*

.....

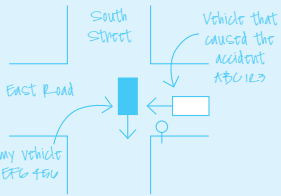
Please continue on Page 11 if you need to include more information.

25 Diagram of accident. Draw a diagram of the accident. Include intersections, streets, roads and their names. Show the point of impact and position of all vehicles.

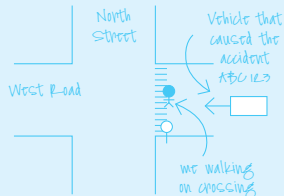
Symbols to use

-  traffic sign
-  traffic lights
-  witness
-  pedestrian
-  the deceased's vehicle/bicycle (black)
-  other vehicles 1, 2, 3

Example diagram for vehicle



Example diagram for pedestrian/cyclist



Check list

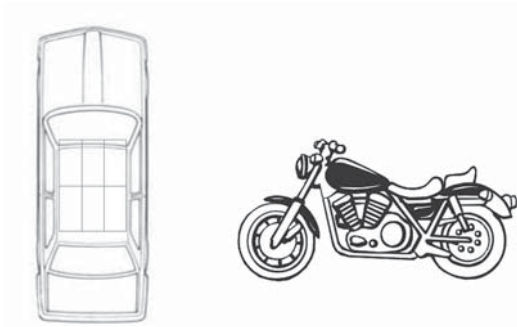
Please show street names lanes/lines markings traffic signals/signs

Vehicle 1 registration

Vehicle 2 registration

Vehicle 3 registration

26 Please mark with a ✓ the deceased's position in the vehicle, if applicable.



27 Was the deceased wearing a properly adjusted and fastened seat belt?
 Not applicable Yes No

If not applicable, please give details

.....

28 If the deceased was on a bicycle or motorbike, were they wearing a fastened safety helmet? Yes No Unknown
 If yes, was it securely fitted? Yes No Unknown

29 Did the deceased have any drugs, including medication or alcohol, in the 12 hours before the accident? Yes No Unknown
If yes, please give details of how much, what and when

.....

30 (i) Was a breathalyser test conducted? Yes No Unknown
If yes, provide result(s) and attach docket if provided

.....

(ii) Was a drug test conducted? Yes No Unknown
If yes, what was the result?

.....

(iii) Did the deceased go to hospital? Yes No Unknown

(iv) Did the deceased have a blood sample taken? Yes No Unknown
If yes, please provide result and attach certificate (both pages)
If not available please provide at first available opportunity

31 If the deceased was a passenger in a vehicle, or a passenger on a motorbike, had the driver or rider had any alcohol and/or drugs, including medication in the 12 hours before the accident? Yes No Unknown
If yes, please give details - how much, what and when

.....

Claim and dependancy details

Funeral details

32 Are you claiming funeral costs? Yes No

If yes, please provide Funeral details

.....
.....
.....
.....
.....
.....
.....
.....

Funeral Costs \$

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.

33 Are you making a claim for yourself and/or any other dependants? Yes No Not sure

If no, please go to Page 10.

Earnings of deceased

34 Was the person employed? Yes No

If no, please go to Question 35

Occupation
Name of employer
Contact person's name
Contact phone no ()
Work address
Postcode
Usual weekly working hours Overtime
Usual weekly earnings (including overtime, regular bonuses & commission)
Gross pay \$ Net pay \$

Please attach proof of income

35 Was the person self-employed? Yes No

If no, please go to Question 36

Occupation
Work address
Postcode
Usual weekly working hours
Usual weekly earnings \$

Please attach proof of income.

Dependant spouse/partner

36 Mr Ms Mrs Miss Other

Surname

Given names

Have you been known by another name? Yes No

If yes, surname

Given names

37 Male Female

38 Date of birth / /

39 Home address

Postcode

Postal address (if different to the above)

Postcode

40 Home phone no ()

Work phone no ()

Mobile no

Email

41 Relationship Married Domestic Partner

If married, date of marriage / /

Place of marriage

If domestic partner, date commenced living together / /

42 What is your/their current status

Employed Self Employed At home

Student Unemployed Other

If other, details

43 If working or self employed;

Name of employer

Occupation

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

Gross pay \$ Net pay \$

Additional details

Please attach proof of income.

44 Do you/they have any other source of income Yes No

If yes, please provide details

Please attach proof of income.

Dependant 1

Please go to Page 10 if there are no further dependants.

45 Mr Ms Mrs Miss Other

Surname

Given names

Have you been known by another name? Yes No

If yes, surname

Given names

46 Male Female

47 Date of birth / /

48 Home address

Postcode

Postal address (if different to the above)

Postcode

49 Home phone no ()

Work phone no ()

Mobile no

Email

50 Relationship to deceased

51 What is their current status

Employed Self Employed At home
Student Unemployed Other

If other, details

52 If working or self employed,

Name of employer

Occupation

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

Gross pay \$ Net pay \$

Additional details

Please attach proof of income.

53 Do they have any other source of income Yes No

If yes, please provide details

Please attach proof of income.

Dependant 2

Please go to Page 10 if there are no further dependants.

54 Mr Ms Mrs Miss Other

Surname

Given names

Have you been known by another name? Yes No

If yes, surname

Given names

55 Male Female

56 Date of birth / /

57 Home address

Postcode

Postal address (if different to the above)

Postcode

58 Home phone no ()

Work phone no ()

Mobile no

Email

59 Relationship to deceased

60 What is their current status

Employed Self Employed At home
Student Unemployed Other

If other, details

61 If working or self employed,

Name of employer

Occupation

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

Gross pay \$ Net pay \$

Additional details

Please attach proof of income.

62 Do they have any other source of income Yes No

If yes, please provide details

Please attach proof of income.

Dependant 3

Please go to Page 10 if there are no further dependants.

63 Mr Ms Mrs Miss Other

Surname

Given names

Have you been known by another name? Yes No

If yes, surname

Given names

64 Male Female

65 Date of birth / /

66 Home address

Postcode

Postal address (if different to the above)

Postcode

67 Home phone no ()

Work phone no ()

Mobile no

Email

68 Relationship to deceased

69 What is their current status

Employed Self Employed At home
Student Unemployed Other

If other, details

70 If working or self employed,

Name of employer

Occupation

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

Gross pay \$ Net pay \$

Additional details

Please attach proof of income.

71 Do they have any other source of income Yes No

If yes, please provide details

Please attach proof of income.

Dependant 4

Please go to Page 10 if there are no further dependants.

72 Mr Ms Mrs Miss Other

Surname

Given names

Have you been known by another name? Yes No

If yes, surname

Given names

73 Male Female

74 Date of birth / /

75 Home address

Postcode

Postal address (if different to the above)

Postcode

76 Home phone no ()

Work phone no ()

Mobile no

Email

77 Relationship to deceased

78 What is their current status

Employed Self Employed At home
Student Unemployed Other

If other, details

79 If working or self employed,

Name of employer

Occupation

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

Gross pay \$ Net pay \$

Additional details

Please attach proof of income.

80 Do they have any other source of income Yes No

If yes, please provide details

Please attach proof of income.

Statement giving authority to obtain information Schedule 1 – Motor Vehicles (Third Party) Regulations 2013

By completing this authority to obtain information (the authority) you are giving the Motor Accident Commission and its agent/s including Allianz, permission to obtain documentary information relevant to processing and assessing your claim.

I (please print)

date of birth / /

authorise Motor Accident Commission and its agent/s, including Allianz, to obtain documentary information relevant to my claim for damages or other compensation in relation to the death of (specify):

sustained on or about (date) / /

from the following people/organisations:

- (a) insurers that carry on the business of providing:
 - (i) compulsory third party insurance; or
 - (ii) income protection insurance; or
 - (iii) motor vehicle insurance; or
 - (iv) workers compensation insurance;
- (b) health practitioners;
- (c) hospitals, including private 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) my employer or my 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) the Lifetime Support Authority of South Australia;
- (j) the WorkCover Corporation.

I approve a copy of the authority, including an electronic version, being treated as the original.

This authority is valid for the duration of my claim (unless revoked after the expiration of 6 months from the date of execution of the authority).

Signed

Relationship to deceased

Date / /

Note:

1. If you wish to make a claim for damages or compensation you must sign this authority. This is required by law.
2. This authority will remain in force until your claim is resolved or you revoke it. However, you can not revoke this authority for at least 6 months after you sign it.
3. Prior to using this authority to obtain information, the Motor Accident Commission, nominal defendant or agent must ensure the authority is valid and the information is relevant.
4. The claimant has the right to seek independent legal or other advice before signing the authority. You will be responsible for paying any fee for the advice.
5. The Motor Accident Commission/nominal defendant or claims agent must provide you with a copy of any documents that they obtain under this authority within 21 days of receipt of those documents.

Declaration

Please read the Declaration carefully before signing.

It will assist us in dealing with your claim if the declaration is properly completed and witnessed.

The person completing this form should sign the declaration unless he/she is under 18 years of age or is unable to make the declaration. In this case a parent or guardian of the injured person should sign the declaration.

All information you have given in the claim form must be true and correct in every respect.

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)

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

Signature of claimant

.....
(Parent or guardian must sign if claimant is under 18 years of age)

Date / /

Details and signature of witnessing party (any person over 18 years of age)

Full name of witness

Signature of witness

.....
Date / /

Additional space

Space used for further information

Dotted lines for writing.

Please
attach extra
pages if
required



We appreciate that your time is valuable; however the more information you can supply at this stage will assist us in processing your documentation.

Please ensure you have completed the following:

- Nominated the motor vehicle (registration) and person you consider caused the accident.
.....
- Signed the statutory declaration on Page 10 in the presence of a witness over the age of 18.
.....
- Attached death certificate (if available).
.....
- Attached to the claim form any original accounts or receipts you may already have.
.....
- Attached proof of income for the deceased (if relevant).
.....
- Attached proof of income of dependants (if relevant).
.....
- Attached a copy of drivers licence or other proof of identity.
.....
- Attached a copy of breath analysis docket or Blood Alcohol certificate (2 pages) where available.
.....
- Made a copy of the claim form, certificates, accounts, receipts, etc for your own record.
.....

Please ensure that all other sections of the form/s are completed to the best of your ability.

If you have any questions about the completion of the forms please contact us on 1300 137 331 and we will be happy to assist with your enquiry.